Lectures
ON
PUERPERAL FEVER.

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LECTURE IV.—Part I.

THROMBOTIC PUERPERAL FEVER.

There is a condition of the blood, resulting partly from pregnancy and partly from puerpery, of which the chief feature is excess of fibrin. The blood when in this condition shows a remarkable tendency to coagulate in the vessels. The occurrence of what is called "phlegmasia dolens" is due to this condition. The febrile states associated with it I propose to call "Thrombotic puerperal fever." In their simple essence they are very distinct from the other leading types of childbed fever; and frequently—perhaps more frequently than most other forms—the thrombotic variety occurs without any prominent complication: it therefore admits of clear definition. The foundation is undoubtedly laid during pregnancy. Perhaps it is, after all, only a sub-variety of the "excretory puerperal fever." Regarding the fibrin, after Mr. Simon, as an excrement, we must conclude that hyperinosis is the result of failure of the excretory apparatus. Now when there is excess of fibrin, there exists a proclivity to separation of it from the blood-stream. It is liable to be caught and deposited on any points where the general smoothness of the lining membrane of the vessels is broken: for example, on the valves of the heart. It is also subject to clot spontaneously wherever the blood-channel is unusually tortuous, where gravitation has to be overcome, where the vessels are exposed to compression, and the stream is consequently slow. Acute rheumatism—a disease which presents many instructive points of comparison with puerperal fever—is especially prone to precipitate fibrin upon the left cardiac valves. This is a form of *arterial thrombosis*. Probably the presence of a second morbid material is necessary to cause the fibrinous precipitation. The lactic acid of rheumatic blood may favour this process. In the great majority of puerperal cases the *thrombosis* is *venous*. And although clotting not seldom takes place apart from the obvious action of a second morbid material, in many cases it is highly probable that such a cause comes into operation. For example: a woman may be going on smoothly up to ten or twelve days after labour, when some untoward accident suddenly disturbs the precarious calm—exposure to a draught, a severe mental shock or emotion, checks excretion, and a morbid material is thrown back into the blood. Within twelve hours of that accident pain is felt in the groin or calf, the pulse quickens, the skin is hot and dry, and the leg begins to swell. There is venous thrombosis. It is fortunate indeed, that puerperal thrombosis is almost always venous, and so rarely arterial. The latter is, I believe, mostly fatal; the former generally ends in recovery. Why is it that arterial thrombosis is rare, and venous frequent? The explanation appears to me to be this:—A certain degree of retardation of the blood-stream offers the most favourable condition for that reaction which determines the precipitation of fibrin in the living vessels. Now the arterial blood not only moves more quickly, but it is not liable to local interruptions as is the blood in the veins; and it is also purer. Still the blood will sometimes coagulate in the arteries of the upper and lower extremities and of the brain. When it does so there is little time for the opening-up of collateral thoroughfares: the danger of gangrene or of paralysis and death is imminent.

More frequent than the thrombosis of arterial blood is thrombosis of the venous blood carried into the pulmonary arteries. As Virchow has shown, this is frequently capillary. It may even in some cases start from embolism—that is, from plugging of the pulmonic capillaries or smaller vessels by minute fragments of clot brought from a distance.

Whatsoever its origin, it is a very formidable affection. It explains a large proportion of the cases of sudden death that occur during the latter months of pregnancy, at the time of labour and in childbed.

Less unfortunate is it when the obstruction takes place in the veins of the limbs. In this case no vital organ is concerned; there is generally time for secondary branches to dilate, and to compensate to a great extent for the incapacity of the trunks. The great majority of cases of phlegmasia dolens recover. The fact is, that although the blood is in a pathological condition, still the departure from health is not so great as it is in most other forms of puerperal fever. In the more fatal kinds—for instance, the septicæmic—one source of danger is the want of that very property, plasticity, which is here in excess. The empoisoned and degraded blood is carried to every tissue, every molecule of the body, producing fever and extensive phlegmasiæ of low type. The occurrence of thrombosis may therefore be regarded with satisfaction, as indicating a state of blood not apt to produce the severer forms of peritonitis, metroperitonitis, or suppurative phlegmasiæ in the limbs.

The features of thrombotic puerperal fever will, however, reveal themselves more plainly by the presentation of a case.

A lady was delivered of her third child after an easy labour. She was of stout frame, but in good health. The delivery took place in the morning; in the afternoon the pulse was 80, and distinctly intermitting. Next day the intermitting character was still observed, but it was slight. Milk came copiously; she was in good spirits, and felt well. She kept her bed, had good diet, and denied all imprudence and exposure, when, thirteen days after the labour, she observed stiffness and pain in the left groin, and a little way down along the course of the femoral vessels; some febrile movement set in; pulse 110. Six leeches were applied immediately. This was followed by great relief; she ate dinner well afterwards. Salines and opiates were administered. Next day (the fourteenth) there was some œdema along the shin, pain and hardness in the calf, and tenderness along the femoral vessels and deep behind Poupart's ligament; pulse 110. The leg was enveloped in cotton-wool and oil-silk. On the fifteenth day the pulse was 120; free perspiration; tenderness had appeared in the right groin; no pain in either limb when quiescent. Prescribed salines, bark, and ether. On the sixteenth day, pulse 120. The perspiration in the night had been very copious, and distressed her by its offensive odour. To relieve this the body was sponged with weak solution of soda. During the succeeding eight days, both legs were swollen, white, tense, pitting slightly, not painful except when moved; the appetite held fairly; the pulse ranged from 110 to 120; the milk nearly disappeared, and the child was only applied once or twice in the day. On the twenty-fifth day the pulse was 100; the general condition was much improved; the legs were still swollen. On the twenty-seventh day a knot of hard veins appeared in the right thigh, involving the internal saphena, which felt like a hard cord from a little above the knee to half-way towards the junction with the femoral vein; there was a blush of redness over it; pain; pulse 110. On the twenty-eighth day, the local inflammation persisting, three leeches were applied. Next day the inflammation had subsided, and the pulse fell to 100. Ordered peracetate of iron. On the thirtieth day another thrombosis appeared on the outer side of the right thigh; the skin over it was red; a single vein only was affected for the length of about three inches; pulse 100. This last thrombosis was felt as a hard cord for some days. The swelling of the legs diminished at first very gradually; then, about the thirty-fifth day, very quickly: they were supported by flannel rollers. All febrility subsided, the milk returned freely, and at the end of forty days the patient was enabled to go into the country.

These ordinary cases of thrombotic fever I believe are rarely complicated with any marked kind of toxæmia. They are not commonly ushered in, as are almost all toxæmic fevers, by rigors or vomiting. Hyperinosis is the essential primary condition. Ever so little disturbance of the excretory function may determine the blood to clot. The late Dr. F. W. Mackenzie, whose contributions to the pathology of phlegmasia dolens are of the highest value, concluded, partly on a process of statistical induction, the logical accuracy of which is open

to question, that a febrile condition implying a morbid state of the blood precedes the thrombosis. I am quite certain, from the observation of many cases resembling that just narrated, that thrombosis frequently precedes the fever; that this is a consequence, the exponent, of the local inflammation of the vein and cellular tissue around it, which follows quickly upon the coagulation. We commonly see, as in this case, a succession of thromboses affecting first the iliac or femoral of one leg, then of the other leg, then minor thromboses follow in the trunks or branches of the external or internal saphena, and a favourite seat of election is the venæ comites of the posterior tibial and peroneal arteries: hence the pain so constantly complained of in the calves. Sometimes there is evidence of thrombosis extending from the uterine sinuses to the peri-uterine plexuses, and thus giving rise to pelvic cellulitis. But it frequently happens that in so-called phlegmasia dolens there is no pelvic complication of any moment. I have assumed that the seat of the disease is essentially in the veins. Dr. Tilbury Fox contends that it is in the lymphatics. Obstruction of the veins, Dr. Fox says, causes œdema, not white leg. This may be true of slow and gradual venous obstruction attended by degradation of the blood. But these are not the conditions of phlegmasia dolens. Here there is rapid, even *sudden*, thrombosis. The clot in the veins may be detected by the touch almost immediately after its formation. The cases I have seen could not be ascribed to obstructive pressure either upon the veins or lymphatics. Neither is there sufficient reason to ascribe the thrombosis to "sudden absorption of vitiated fluid." The common signs of entrance of vitiated matter into the blood are usually wanting, and the epoch of appearance of the affection, not commonly earlier than the eighth day, is against this theory. After a week the risk of a puerperal toxæmia is very much reduced. That the lymphatics may be implicated secondarily, there is good reason to conclude. When the venous channels are obstructed, the lymphatics are called upon to perform a larger share of work; the fluid poured out into the tissues which they have to take up may irritate and obstruct the lymphatics; and these are further exposed to be involved in the inflammation of the tissues surrounding the veins which have become the seat of obstruction.

The peculiar character of the swelling, the tenseness, the indisposition to pit, may be accounted for partly by the increased proportion of fibrin in the serum effused, coming as this does from hyperinotic blood, and by the suddenness of the effusion.

Such is the view of simple thrombotic puerperal fever or phlegmasia dolens which appears to me the most consistent with clinical observation. Loss of blood during labour greatly predisposes to this affection. It occurs frequently in pluriparæ. It is very apt to attack the same woman in successive labours—that is, it is prone to arise in those who have already venectasis of the lower extremities, or a marked disposition to this state.

A few words as to the issues and treatment. Of late years the danger of detachment of portions of the vein-clots, and of these being carried to the heart and pulmonary arteries, has been recognised. I have endeavoured elsewhere* to collect what is known upon Puerperal Thrombosis and Embolia. Dr. Willoughby Wade has also added† an interesting illustration of this subject. I do not think the danger of embolism is great in the pure class of cases of crural thrombosis. Still the risk is serious enough to serve as a caution against premature bodily exertion, or resort to friction of the affected limbs. Either may promote detachment of clot. But the risk of embolism increases when the thrombosis is complicated with marked blood-dyscrasia. Then there is a tendency to rapid disintegration of the clot, and fragments large enough to be arrested in the pulmonary capillaries may be carried to the heart. In the cases thus complicated, however, the toxæmic character so predominates that I prefer to consider them under the distinctive head of septicæmic puerperal fever.

The treatment may be discussed under the various heads: prophylactic, local, general, and restorative. The sketch I have given in previous lectures of the causes which promote adulteration of the blood in pregnancy and puerpery will serve to indicate what is to be done with the view of counteracting these causes. Local treatment is required in order to relieve the swelling and pain. The leg must be kept slightly raised on an inclined plane, and flexed inwards, so as to take off tension from the affected vessels. Leeching in the seat of the pain and swelling is commonly of great service, especially during the acute inflammatory stage. The limb should be wrapped up in cotton-wool surrounded with oil-silk. This promotes local and general diaphoresis. After the subsidence of inflammation, blisters in the vicinity of the thrombosed veins are very useful. When absorption is resumed, flannel-rollers should replace the cotton-wool. The indication to give external support to the weakened vessels is obvious.

As more or less paralysis always attends, can anything be done to help the recovery of the power of motion? After the acute stage, frictions with oil or camphor liniment are useful; but the friction should be very gentle, and not prolonged. There may be danger of breaking up a clot, and so giving rise to embolism. Galvanism may be tried. It is unwise early to press the patient to get up and exert herself to walk; when the time for this arrives, it will mostly be well for her to wear elastic stockings. The general treatment that appears to me the most successful consists in the administration of salines with sedatives in the early or inflammatory stage; then bark or ammonia, and later, iron. Generous diet is called for. Chicken, game, mutton if the patient can take solid food, as she generally can after the first few days, should be prescribed. Wine, either port or good claret, is necessary. It is desirable here, as in all other forms of puerperal fever, to keep the circulating system well supplied with generous aliment. If this be done, the door is greatly closed against the entry of noxious matters.

Recovery is always tedious. The duration of phlegmasia dolens may extend to four or even to eight or ten weeks. To indulge in the hope of much accelerating recovery might, by suggesting active measures, lead to serious mischief. It is eminently a case for wise faith in the restorative work of Rest and Time. It is doubtful, indeed, whether veins which have undergone the distension and tortuosity consequent upon phlegmasia dolens ever perfectly regain their original soundness. Some degree of venectasis commonly persists. The parts so affected are liable at periods remote from the labour, indeed long after convalescence and presumed recovery, to become the seat of secondary thrombosis. In a minor degree the phenomena of phlegmasia dolens may be reproduced. Inflammation, sometimes erysipelatoid, springs up around the knotted and thrombosed veins. Febrile reaction ensues. And sometimes sloughing takes place over the seat of the obstructed vessel, and a deep, indolent ulcer is formed. A process strictly of necrosis has occurred as the consequence of arrested circulation and nutrition in the part. The predisposing cause of this secondary series of events is manifestly the loss of the physical integrity of the veins. But I believe an exciting cause is often supplied by the accidental complication of a degraded or adulterated condition of the blood favourable to coagulation.

* Obstetrical Transactions, vol. iv., 1863. † Ibid., vol. vi., 1865.

ON

INTERMITTENT, OR WINTER HÆMATURIA.

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IT was my intention some time since to publish a few observations in reference to intermittent, or, as it might be not inappropriately termed, winter hæmaturia, but I have been until now prevented so doing. The publication of the papers of Drs. Harley and Dickinson on the subject have, however, determined me to delay no longer.

I have recently had two cases of this somewhat singular affection under my care.

The first was that of a gentleman, aged about twenty-nine, of sallow complexion, and who had laboured under the disease for about two years. The hæmaturia occurred only in the winter, and the bloody urine was usually voided once, but sometimes twice, each day, but never at night, the attacks being invariably preceded by more or less shivering. Exposure to cold was surely followed by an increase of the hæmorrhage, while, on the other hand, warmth as certainly caused it to disappear.

The urine was examined both microscopically and chemically on several different occasions. When containing blood it was always of a dark and almost blackish colour, and on microscopical examination a few granular renal casts and a large quantity of a coffee-coloured molecular sediment were observed.

One sample of the urine, amounting to 6000 grains, con-

tained 11·2 grains of albumen; another sample, measuring 3050 grains, was darker than the previous one: it evidently contained a larger admixture of blood, and it yielded 23·35 grains of albumen. The sample, and in some cases the first two samples of the natural colour and appearance, voided subsequently to that with the blood, likewise usually contained a small amount of albumen, and when boiled and treated with nitric acid, became more or less of a reddish colour, indicating that some of the colorific elements of the blood were still present. When the hæmorrhage had ceased for a day or two, the albumen was found to have entirely disappeared, and the urine to have returned to its normal condition.

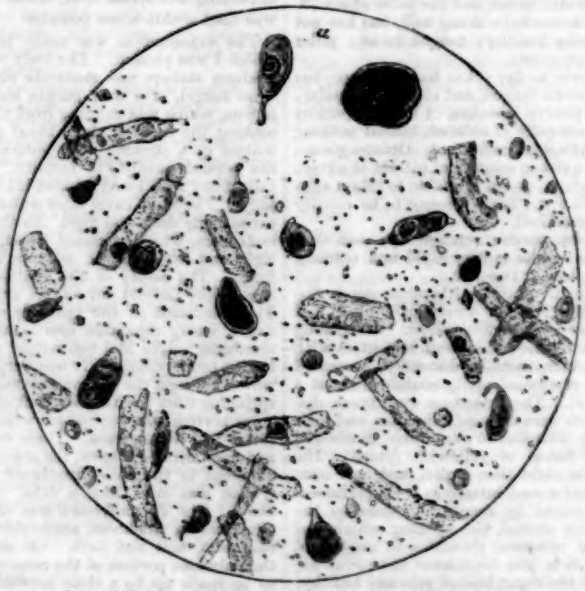
The dark granular sediment, so abundant in the coloured samples, was collected on a filter, and well drenched with boiling water, in which it was to a great extent insoluble. It was not, therefore, composed of urate, but judging from this fact, as well as its granular composition, and the other characters which it presented under the microscope, it was of an albuminous nature, and consisted mainly of globulin, resulting from the disintegration, or breaking up, from some cause or other not hitherto explained, of the blood-corpuscles. It was remarkable, that in no instance were blood-corpuscles in the entire state present in this urine.

The treatment for the most part consisted at the onset of the attacks, and in order to cut short the feeling of coldness and shivering which ushered them in, of warm stimulating drinks, and in the intervals in the administration, night and morning, of powders containing tannic and gallic acids, and burnt alum, and during the day of a mixture containing full doses of quinine and sulphate of iron, with excess of sulphuric acid. This treatment was decidedly beneficial, and restrained considerably the hæmorrhage, and under it the general health greatly improved, the complexion especially becoming clearer, and the face acquiring more colour. It did not, however, stop the attacks entirely, for one occurred on exposure to a strong cold east wind, as late as Saturday, the 6th of May, since which period, however, there has been no recurrence of the hæmorrhage.

The second case was that of a young man, aged twenty-four, of a comparatively healthy appearance, but who I was given to understand had tried his constitution somewhat. The affection had lasted, at the time he consulted me in February last, for about a year and a half, the attacks being confined to the winter and to cold weather.

The urine voided was dark-coloured, and sometimes almost black, but after being passed once, or at most twice, of that colour, it reacquired its natural appearance and characters, retaining them until the recurrence of the next attack.

The complexion was not, as in the previous case, sallow, nor were the attacks ushered in by shivering, but still he was generally able to tell when they were coming on by (to use his own words) feeling "out of sorts."



Large dark-red exudate cells detected in the urine in the second case of intermittent hæmaturia above recorded.

Examined by the microscope the urine was found to contain a great many granular casts, and also numerous cells of a red colour and of larger diameter than the tubes of the kidneys themselves. These cells may probably have been altered epithelial cells, but nothing at all resembling them was to be met with in the case first related. Their appearance was so remarkable that I thought it was well to have them portrayed.

The treatment in this case consisted in the administration of a powder, night and morning, containing tannic and gallic acids and burnt alum, and in the exhibition during the day of full doses of the tincture of perchloride of iron. Under this treatment in the course of about a week he ceased to pass bloody urine, and had no return whatever of the hæmorrhage until the end of March, the date at which I last saw him.

Although these two cases agree in their main features, there are yet striking differences. While the pale aspect of the patient in the first case, and the occurrence of shivering previous to the attacks are suggestive of an aguish disposition, these characters were wanting in the second case.

The *pathology* of intermittent or recurrent hæmaturia is obviously at present exceedingly obscure, and we can do but little more than hazard conjectures. The absence of blood-corpuscles, and the presence, distinctly ascertained in the first case, of globulin in a granular state, are remarkable facts.

Wimpole-street, Aug. 1865.

CASE OF CÆSAREAN SECTION.

By WALTER HARDIN, L.K.Q.C.P.I., &c.

Mrs. H——, aged thirty-five, came to me in the fifth month of her pregnancy. On examination, I found the pelvis greatly distorted, so much so that the forefinger would scarcely pass between the promontory of the sacrum and the symphysis pubis, the lumbar vertebræ, curving downwards and forwards, occupying the false pelvis. I at once determined upon the operation of Cæsarean section at the full period of utero-gestation.

I was called to the case at eight A.M. on Feb. 25th, and found the liquor amnii had escaped two hours previously, but

there were no uterine contractions. I prescribed an opiate, and at twelve o'clock, accompanied by Dr. Page, and Messrs. Norman, Goold, and Garrington, to whose kindness in assisting me I am greatly indebted, proceeded to operate.

The patient was in good spirits, and, although aware of the seriousness of the operation, left her bed and mounted the table with perfect composure. When she was sufficiently under the influence of chloroform, I made, with a convex-edged bistoury, an incision from the umbilicus to the pubes. Dividing the integument, and exposing the linea alba, through which a director was introduced and afterwards two fingers, the cavity of the abdomen opened to the extent of the original incision. On opening the peritoneal cavity, some ounces of serum escaped. The uterus being now exposed, an incision six inches in length was made in its anterior wall. The head of the child presenting, he was extracted without difficulty, and the placenta withdrawn. The uterus immediately contracted; but, as the incision was somewhat serrated, it was deemed advisable to put in a couple of metallic sutures. Several others were put in the abdominal walls, a bandage put on, and the patient returned to bed. Beef-tea and jelly ordered every fifteen minutes.—Ten P.M.: Mother and child doing well. The patient describes herself as feeling comfortable. Has passed urine twice since the operation; tongue moist; pulse 80.

Feb. 26th (second day).—Patient still animated and cheerful; makes no complaint of pain; has passed water frequently during the night, and has slept a little. The wound appears to be uniting, the tongue is still moist, and the pulse about 72.

27th.—The patient still seems to be doing well, but has not slept; the wound still looks healthy; tongue moist; pulse risen to 80. I prescribed an opiate.

28th.—She is much worse to-day; has had no sleep; has an anxious countenance, brown tongue, and rapid weak pulse; abdomen tympanitic, with pain on pressure. I find the patient has had neither beef-tea nor jelly as ordered, indeed nothing since the operation but a little weak arrowroot. Opiates given; the abdomen painted with a strong solution of nitrate of silver; and injections of beef-tea given, as she is unable to retain anything on her stomach.—Six P.M.: Patient seems to be rapidly sinking; edges of wound ununited.

29th.—Patient in articulo mortis; retching has been constant during the night; the pulse is very rapid and scarcely perceptible. Death took place at two P.M.

Autopsy, thirty hours after death.—Abdomen much distended. The edges of the incision were not united, and towards the lower part they were dark-coloured. On opening the wound some coils of intestine were found in contact with its upper half, and the bladder, partially distended, presented over the lower half. The peritoneal cavity contained about a pint of thick brownish fluid. The intestines were much distended with gas; their coats were intensely vascular, and their contiguous surfaces either adherent to each other, or covered with purulent fluid and flakes of yellowish lymph. The uterus was situated in the right iliac region, and was completely hidden by the bladder and intestines. Its peritoneal surface was everywhere united by recent adhesions to the neighbouring organs except around the opening which had been made in its walls. It measured six inches in length and four in breadth. The incision was contracted to two inches. The muscular substance of the organ looked pale and healthy, and was about an inch and a quarter in thickness, but it was somewhat thinner towards the fundus. Its cavity was quite empty, and the lining membrane had a brownish appearance, except over a round space about the size of a crown—the original position of the placenta—which was covered with a soft dark-coloured clot. The other organs of the body were healthy. The extremities were fairly muscular, and they all presented the characteristic appearances of early rachitis. The femurs measured eight inches, and were bent forwards and outwards; the tibiæ were only ten inches long, with a curvature looking directly forwards. The diameters of the pelvic brim are as follow:—Antero-posterior, 1 in.; transverse, 4¼ in.; oblique, 4¾ in.*

Notwithstanding the fatal termination of this case, I am in no way disposed to think unfavourably of the operation, especially when performed early, as it was in this case, before the strength of the patient was exhausted; and although we cannot say that with the proper amount of care the patient would have recovered (the results of cases on record pointing in quite an opposite direction), still I am of opinion that the poor woman's chances of recovery were considerably lessened by want of proper care and nourishment.

Southam, Sept. 1865.

* For these notes I am indebted to Dr. Cousins, of Portsea.

CASE OF FIBRINOUS CONCRETION IN THE PULMONARY ARTERY.

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AT eight A.M., January 25th, 1865, my friend Mr. T. Y. Thompson was hastily summoned to visit Mrs. A——, who was thought to be dying. Living only a few houses distant, he was soon in attendance, but only in time to see her expire. Having been previously engaged, and knowing that she was daily expecting her accouchement, Mr. Thompson suggested to the friends the propriety of the immediate performance of the Cæsarean section; but he was not able to obtain their consent.

This woman was thirty-five years old, had been twelve months married, and was pregnant of her first child. For a few days she had been suffering from a slight attack of bronchitis, and was seen the day before her death by Mr. Thompson, when no complaint was made or any unusual appearance observed. Indeed, she was so far recovered as on the morning of her death to rise at six o'clock, dress, breakfast, and was in the act of answering the street door, when she fell to the ground, and was dead within a few minutes.

The examination was made seven hours after death, at which I was present. The body was that of a fair woman, of medium stature and moderate obesity. The cheeks and lips were turgid, of a deep-purple hue, and covered with frothy mucus, which was exuding from the mouth and nostrils. On making the incision, dark blood quickly issued, following the scalpel in a stream. The pleuræ and pericardium contained the normal quantity of serosity. The right auricle was very fully filled with blood, almost black, of the consistence of soft jelly. The venæ cavæ were widely distended; the blood was exceedingly dark and fluid. In the right ventricle was a fibrinous mass, which extended through the pulmonary artery, its right and left divisions, as far as they could be traced in the lungs. The cavity of the ventricle was nearly filled by the concretion, and did not contain any other coagulum or serosity. The concretion in the ventricle was very firm, spirally laminated, easily separable into layers, deeply indented by the semilunar valves and ventricular wall, and of a fawn or yellowish-brown colour. It was very firmly adherent and interwoven amongst the columnæ carneæ, near the chordæ tendineæ, springing from the anterior wall of the ventricle. The ventricular portion was continuous with the part in the pulmonary artery and its branches. These vessels were completely filled, and upon being cut open, the concretion was found to be firmly adherent to the lining membrane. On cross section, the concretion was most like a tube, filled with ordinary clotted blood. The circumference was of a pale-yellow colour, fully two lines in thickness, removable in layers, and enclosing a coagulum, soft and dark. On microscopical examination of the pulmonic portion of the concretion, the exterior was found to be made up by a close network of fibres, intermixed and entwined with each other, the central portion being composed of blood-corpuscles, a few fibres, but no pus or granulation cells. The tricuspid and pulmonic semilunar valves were quite healthy. The left auricle and ventricle were both void of any coagulum or blood. The mitral and aortic valves were healthy. The cardiac veins were enormously distended with dark fluid blood. The lungs were remarkably blanched and exsanguine. At both apices the pleural surface was puckered; close adjoining were a few cretaceous tubercular particles, but no cavities. The uterus contained a female child, apparently mature. The membranes were unbroken; the os uteri was closed. The other organs were quite healthy. Permission was not obtained to examine the head.

The characters of this concretion were very distinct, and plainly indicated its formation anterior to death. The manner in which it was attached and interwoven among the columnæ carneæ, the deep way in which it was indented by the surrounding structures, could only have been produced while the heart was in action. The large size, solidity, and spiral lamination still further prove its fabrication *ante mortem*, while the blood was going its circuit.

The appearances render it most probable that for some time before death—in all likelihood hours—a layer of fibrin was being deposited on the interior of the ventricle, where the con-

cretion was most firmly attached, and where the circulation was possibly quieter; and that, by addition upon addition, the cavity of the ventricle became gradually occupied. This building up must have been very gradual, or surely pain, dyspnœa, palpitation, or some other symptom referable to the organs of circulation or respiration, would have been complained of. As the impediment increased, the passing blood would be lessened both in amount and in rapidity of flow—first in the ventricle, then in the pulmonary artery, and in time throughout the entire system, but to the greatest extent in the pulmonary artery; the right auricle and venæ cavæ by degrees becoming choked up. Such a retardation of the flow, superadded to the natural tendency of blood to coagulate, would readily determine the separation of the fibrin, and its deposition in a solid form. May it not, then, be supposed that subsequently to the formation of the concretion in the ventricle, probably at the time of the sudden syncope, a layer of fibrin was deposited upon the lining membrane of the pulmonary artery and its branches, upon which an ordinary coagulum was quickly formed, suddenly and completely blocking up the vessels? In this way the coagulum in the pulmonary artery was secondary to the concretion in the ventricle. Contrariwise, if the concretion had been formed primarily in the pulmonary artery, and by successive additions had extended until the cavity of the ventricle had become occupied, then the pulmonic portion would have been transversely laminated, cross-grained, untubular, perhaps occupying only one primary division, of firm consistence, or soft in the centre, the microscope revealing some molecular change; the ventricular mass being soft, dark, inseparable into layers, compounded of ordinary clotted blood, and either slightly or non-adherent.

The general appearances disclosed at the post-mortem examination render this explanation still more certain. For, posterior to the obstruction, the right auricle and every vessel were distended and even inordinately filled, the vessels of the lungs and cavities of the heart anterior to those plugged being unoccupied and quite empty of their usual contents.

The precise alteration in the constitution of the blood, or the state of system conducing to this change of condition, is more difficult of explanation. Every now and again, cases of sudden death are recorded in women after delivery, or in those weakened from an exhausting discharge or a protracted illness, and after death the pulmonary artery has been found plugged by a fibrinous coagulum. But few cases are upon record of such a condition in advanced pregnancy. In the puerperal state, the blood is rendered more coagulable by excessive hæmorrhage, at the time of or subsequent to the delivery. During the process of absorption, while the uterus is returning to its normal volume, effete material may be introduced, inclining the blood to coagulate. But this woman was neither debilitated by loss of blood or previous ill health. On the contrary, she was in good bodily condition, being well nourished. It remains, then, to suppose that the vessels in the abdomen and adjacent cavities were compressed by the enlarging uterus. The circulation being thereby impeded, the perpetual changes in the constituent elements of the blood would be less perfectly accomplished, a predisposition to coagulation being generated.

Newcastle-upon-Tyne, August, 1865.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—At the last meeting of this Association, Mr. John A. Blake, M.P. for Waterford, was by those present unanimously elected as an honorary member, "in grateful acknowledgment of his efforts to improve the position of their branch of science." This distinction, rarely accorded to anyone outside the medical profession, could not have been more deservedly bestowed. On all questions affecting the medical and moral treatment of the insane, the regulations of asylums, and the care of a largely-increasing class of sufferers, Mr. Blake has manifested an accurate acquaintance with the principles of psychological science, and enlarged views as to the obligations which insanity imposes on those entrusted with their care. In Parliament by his personal influence, out of Parliament by his able writings, he has awakened public attention to the condition of our asylums, with a view to their better and more efficient regulation. Mr. Blake has for some months past been personally inspecting the Lunatic Settlement of Gheel, in Belginm, and has also visited the State asylum in Turin, and similar institutions at Genoa and other continental towns, with the view of contrasting their several systems of treatment and management, as preliminary to the introduction of legislative measures in the coming session of Parliament.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

FRACTURE OF THE PELVIS AND OF THE HEAD OF THE FEMUR; SPIKE WOUND OF THE HIP; LACERATION OF MESENTERY; DEATH.

(Under the care of Mr. TATUM.)

IN the "Mirror" of last week we published seven cases of fractured pelvis, in each of which the urethra was lacerated. In the thirteen cases which we record to-day, although the violence exerted was excessive, the urinary organs escaped uninjured. In Mr. Coote's patient, the acetabulum being fractured, the head of the femur was driven into the pelvis. Sir Astley Cooper has described in his work on Dislocations a case of this kind, in which the symptoms are stated to have resembled those of dislocation into the sciatic notch. In the "Medico-Chirurgical Transactions," vol. xxxi., Mr. Moore has published an instance of a somewhat similar kind, where the patient lived for several years, and was able to walk about with only "a moderate limp." Mr. T. Holmes showed to the Pathological Society ("Transactions," vol. xi.) a case of the same kind of injury in a minor degree, where the acetabulum was fractured, and the head of the femur had apparently been prevented passing completely within the pelvis by a fragment of the ilium, which had been displaced, and crossed the gap. The patient survived the accident twenty-six days. The possibility of such a complication deserves to be remembered in cases of suspected dislocation of the femur into the sciatic notch.

In examining the sites of fracture in the twenty cases recorded, we find that the horizontal ramus of the pubes, on one or both sides, was broken in nine instances; the symphysis pubis separated in three; the sacro-iliac synchondrosis also separated in three; the ala of the ilium on five occasions; the descending ramus of the pubes in two cases; the ramus of the ischium in three cases; the acetabulum in two cases; the tuber ischii and the sacrum each in one case. So far as they go, these cases tend to confirm the view expressed by Dr. Humphry in his "Treatise on the Human Skeleton:"

"It results from the configuration of the pelvic ring that it is weakest at five points—viz., at, or a little external to, both sacro-iliac synchondroses; at the symphysis pubis; and midway between the latter and the acetabula. Hence fractures, whether from falls, blows, or foreign bodies passing over the pelvis, are most frequent at these points."

The notes of the following case were taken by Mr. Edgecombe Venning:—

Wm. M ——, aged forty-nine, admitted 8th July, 1861. He was putting a new coping upon one of the houses in Great Cumberland-street, when the coping gave way, and fell upon the scaffolding upon which he and his two sons were standing, knocking it down and hurling them to the ground. He fell upon the iron railings below and stuck upon them, and it was with some difficulty he was got off. On admission, he was quite sensible, but very much collapsed; countenance pale and shrunken; skin cold; pulse barely perceptible. A scalp wound of considerable extent was found over the right parietal bone; and there was also a spike wound in the left buttock, which extended inwards further than the finger could reach. The finger could be passed partially round the great sacro-ischiatic ligament. Over the left hip-joint there was another spike wound, at the orifice of which a piece of bone was seen presenting itself, and which on examination proved to be a por-

tion of the articular surface of the head of the femur. There was also a comminuted fracture of the left outer malleolus. About an hour after admission he complained of intense pain in the abdomen, which was increased by pressure; and there was great tension of the abdominal parietes. The following day he still remained in a state of collapse, gradually sank, and died during the night (July 10th).

Autopsy, twelve hours after death (from notes taken by Dr. Dickinson).—There were a few old adhesions in the left pleura, and a few at the apex of the right lung. The ventricles of the heart were empty, excepting a shred of fibrin in each. The right auricle contained a dark coagulum. On opening the abdomen, a black clot of blood was seen about opposite the umbilicus; this insinuated itself amongst the bowels, and led to about a pint and a half of fluid blood, which was in the general cavity of the peritoneum. The intestines in the immediate neighbourhood of the clot were congested, and partially coated with lymph. In the umbilical region of the belly, lying about an inch from the parietes, was found a rent in the mesentery, large enough to allow two fingers to pass with ease through it. This extended from near the root of the mesentery to close to the intestine, and seemed to have been made by a spike. The edges were stained with blood. The intestine was quite uninjured opposite the wound in the mesentery, but in the neighbourhood presented several spots of dark congestion, covered with lymph and coagulum. On removal of the coating, which adhered closely, one or two small spots of perforation were seen; the largest would not have allowed of the introduction of a pea. The laceration in the mesentery was about six feet from the ileo-cæcal valve. The liver, kidneys, and bladder were uninjured. A spike wound was found which entered the left buttock and penetrated into the abdominal cavity through the hip-joint. The spike had passed in a direction almost parallel with the axis of the neck of the femur, and, striking the head of the bone on the outer and posterior side, severed a large angular fragment, the line of fracture passing through the attachment of the round ligament. At the lower part of the lip of the acetabulum the cotyloid ligament was detached, and the edge of the bone injured. The upper part of the socket had been penetrated by the spike, which had entered the abdomen just external to the ileo-pectineal eminence; the chief line of fracture passed outwards into the ilium. A large spike wound existed in the right buttock, which entered the pelvic cavity just beneath the tuberosity of the ischium, this process being comminuted. The lower end of the fibula was broken into small pieces, the astragalus was fractured transversely, and the foot dislocated outwards.

FRACTURE OF THE PELVIS, SKULL, AND RIBS; DEATH.

(Under the care of Mr. TATUM.)

James T——, aged twenty, was admitted June 8th, 1863, with concussion of the brain, followed by symptoms of compression, by convulsions, and death. A quantity of brain-substance escaped from a wound in the scalp. These injuries resulted from a fall from a window fourteen feet in height.

At the autopsy, seventy-two hours after death, besides extensive injury to the brain, a fracture was found running through the base of the occipital bone, and passing into the foramen magnum. Four ribs were broken, and the lung wounded. The upper arch of the pelvis on the left side, near the junction of the pubes and the ilium, was broken into several pieces, more or less transversely. Much blood was effused in the subperitoneal cellular tissue. The urinary organs were uninjured.

FRACTURE OF SKULL; LACERATION OF BRAIN; FRACTURED RIBS AND PELVIS.

(Under the care of Mr. CUTLER.)

John C——, aged fifty-one, was admitted at half-past ten A.M. on the 21st of March, 1861. He had fallen from a scaffold twenty feet high on to the ground with some bricks and pieces of wood. He was insensible, and breathing stertorously, with much dilated pupils. There was extravasation of blood on the whole of the right side of the head. The ribs on both sides were fractured. He died at four P.M. of the same day.

Autopsy, twenty-one hours after death.—The right side of the skull had sustained a comminuted fracture, extending through the base into the foramen magnum. The dura mater was lacerated in two places; and so was the brain-substance beneath. There was much blood in the arachnoid on the left side, and in the lateral ventricles. The two upper ribs on the left side were fractured near their cartilages and angles. On the right side the third to the eleventh inclusive were fractured near their cartilages; and the fourth to the ninth inclusive near their angles. There was some blood in the peritoneum, and very extensive ecchymosis in the subperitoneal tissue, both in front and behind. The blood had proceeded from a fracture of the ala of the right ilium, which divided it into three large pieces. The bladder was healthy.

COMPOUND FRACTURE OF THE PELVIS; DEATH.

(Under the care of Mr. POLLOCK.)

John B——, aged sixty-three, was admitted June 23rd, 1863. He was run over by a chariot, the fore and hind wheels of which passed over the right groin. There was much bruising in this region as well as in the gluteal and iliac regions, and on the scrotum and penis. There was a lacerated wound, four inches long, over Poupart's ligament. Crepitus was felt in the bruised tissues. Death ensued forty-eight hours after the accident, the scrotum having then mortified.

At the autopsy, twenty-four hours after death, a fissure was found through the pubes vertically on the right side, about an inch outside the symphysis. The muscles in front of the right thigh were much crushed and infiltrated with sero-purulent fluid. The urinary organs were normal.

FRACTURE OF THE PELVIS; DEATH.

(Under the care of Mr. PRESCOTT HEWETT.)

Edward T——, aged fifty-three, admitted March 27th, 1862. He fell from some scaffolding at Cremorne, forty feet high, on to the ground, falling on his head. He was insensible, and laboured under symptoms of fracture of the base of the skull, with bleeding from the ears. His death took place on the 1st of April. Besides extensive fracture of the skull, both bones of one forearm were broken, and two fractures were noticed passing through the ramus of the pubes on the right side, and one involving the crest of the ilium on the left. There was a great quantity of blood in the pelvic cavity.

GUY'S HOSPITAL.

FRACTURE OF THE PELVIS; LACERATION OF THE MESENTERY; DEATH.

(Under the care of Mr. COCK.)

HENRY P——, aged twenty-five, was admitted on May 20th, 1865, having been run over by a cart. At an examination made seventeen hours after death, a mark produced by the wheel, along which the skin was lacerated, was visible upon the right thigh. The peritoneal cavity contained a large quantity of blood, which was still fluid; there was also considerable effusion of blood behind the peritoneum in the right lumbar region, and a small quantity around the pelvis of each kidney. There was a large tear in the mesentery, about a foot and a half of the intestines being separated completely from their attachment. The intestine itself was of a dark chocolate colour on both its serous and mucous aspects. No other viscera were injured. The hæmorrhage in the right lumbar region led to a careful examination of the bones, when it was found that there was a fracture along the line of the right sacro-iliac synchondrosis, the bones being freely separable.

FRACTURE OF THE PELVIS; EXTRUSION OF THE TESTES; DEATH.

(Under the care of Mr. POLAND.)

William F—— was admitted on the 17th March, 1864. On admission into the hospital, both testes were seen projecting from the scrotum, having passed out through two separate lacerations which had the appearance of jagged cuts. The tunica vaginalis was laid open upon each side, and was everted. The smooth serous surface of each testis was perfectly uninjured. There was no hæmorrhage from these wounds. The parts were replaced with sutures at the time.

Post-mortem examination.—On opening the abdomen a large quantity of blood was found to be extravasated beneath the peritoneum around the pelvis. It was in greatest quantity between the pubes and the bladder, but also extended by the side of the pelvis, and up towards the kidneys, especially on the right side. The left innominate bone was fractured in two places: once through the body of the pubes (where a piece of the bone was altogether detached, and lay loose), and again a little below the symphysis. The anterior fragment was quite

loose, being torn away from the opposite innominate bone at the symphysis pubis. The hæmorrhage extended also into the scrotum, which was completely infiltrated with blood.

FRACTURE OF THE PELVIS; RUPTURE OF THE INTESTINES; DEATH.

(Under the care of Mr. BIRKETT.)

Henry C——, aged forty-five, was brought into the hospital on the 13th of September, 1864. He had been run over by a waggon twelve miles from town, and had died on his road to the hospital.

A post-mortem disclosed ecchymosis on the lower part of the abdomen. There was laceration of the peritoneum and abdominal muscles, whereby a portion of intestine had escaped through the opening and between the muscles. The intestines were lacerated on their peritoneal surface. The pelvis was fractured.

ST. BARTHOLOMEW'S HOSPITAL.

FRACTURE OF THE PELVIS; COMPOUND COMMINUTED FRACTURE OF FEMUR AND TIBIA, WITH OTHER INJURIES; AMPUTATION OF THIGH; DEATH IN FIFTEEN HOURS.

(Under the care of Mr. HOLMES COOTE.)

THE following case was reported by Mr. Alfred Willett:—

C. R——, aged twenty-seven, married, jumped off Blackfriars-bridge, without evident cause, about midnight, on Nov. 26th, 1860. She was rescued after about five minutes' immersion, and conveyed to the hospital. On admission she was pallid, collapsed, cold, and wet; and incoherent in manner when aroused. She had sustained compound fracture of the right tibia in its middle third; there was a large wound just above the right knee, through which the femur, fractured just above the condyles, could be felt, with considerable comminution. She did not appear to have lost much blood.

She was shortly put under chloroform, and the limb removed by the circular operation through the middle of the thigh. Very little blood was lost during the operation. After removal to bed she became rather violent, though still cold and almost pulseless. She took brandy at short intervals, and appeared to rally for a time; but ultimately sank about fifteen hours after admission.

On examination, the right tibia was found to be fractured (1) just above the internal malleolus, and (2) in its middle, compound and splintered; the fibula was fractured in its upper third; the patella had its upper and outer corner knocked off; the femur was much comminuted in its lower third; and there was a vertical fracture between the condyles, laying open the joint, the upper fragment of the femur lying between the condyles, close to the wound.

At the post-mortem examination, a large effusion of blood beneath the peritoneum in the pelvis was found, and on clearing it away part of the head of the femur was felt. On dissecting out the parts, it appeared that the outer and posterior fourth of the acetabulum had been driven away, and the capsular ligament and the ligamentum teres ruptured, the head of the bone partly resting upon the fractured acetabulum and partly between the sacro-ischiatic notches. There were bruises about the body, but no other serious injuries.

ST. MARY'S HOSPITAL.

FRACTURE OF THE PELVIS; RECOVERY.

(Under the care of Mr. LANE.)

THE following notes were supplied by Mr. E. Chisholm.

Henry M——, railway porter, aged twenty-five, was admitted June 13th, 1861. While he was in the act of coupling some railway waggons, the carriages connected with the engine were accidentally shunted on to the wrong line of rails, in consequence of which one of the buffers struck him on the pubes and right groin, and drove him forcibly against the waggons at rest, his buttock and sacrum receiving the shock; so that his pelvis was compressed between the buffers of the train (in motion) in front, and the body of the waggon (at rest) behind, causing the pubes to give way somewhere about the horizontal ramus in close proximity to the acetabulum.

When he presented himself for admission the right buttock and groin were much contused, and there was some slight extravasation of blood beneath the skin. There was no deformity of the extremity, but he was not able to move it very freely himself. He was quite unable to stand, and the only position in which he lay comfortably was on his left side, with a slight inclination towards supination. Occasionally, when he attempted to move, while being conveyed to the hospital, he felt a grating sensation about the hip-joint. Crepitation could be both distinctly felt and heard when the thigh was forcibly flexed upon the abdomen and some little pressure made on the bent limb.

He was merely kept quiet in bed; no mechanical appliances of any kind were used. He occasionally complained of feeling "something grating" at the hip-joint when he got out of bed; beyond this and the soreness he never complained of anything. The last time he felt the grating was on the 13th of August. He was discharged, perfectly able to walk without the aid of a stick or crutch, on the 20th of August.

ROYAL FREE HOSPITAL.

FRACTURE OF THE PELVIS, FEMUR, AND RIBS; DEATH FROM PNEUMONIA.

(Under the care of Mr. DE MÉRIC.)

THE notes of the following case were furnished by Mr. J. D. Hill, house-surgeon.

John H——, aged thirty-five, labourer, admitted Jan. 19th, 1860, under the care of Mr. de Méric, suffering from the following injuries, produced by the fall of part of a wall upon his back whilst in a stooping posture:—There was fracture of the seventh and eighth ribs of the right side, midway between their angles and cartilages, and a wound of the lung. There was a fracture extending through the ascending ramus of the pubes of the left side, partially lacerating the thyroid ligament, and passing through the ramus of the ischium immediately in front of its tuberosity; also an oblique fracture through the middle third of the femur of the corresponding side, showing that the violence had passed obliquely through these structures. (A post-mortem examination enables the precise course of the fracture to be stated.)

On admission he was extremely collapsed, and notwithstanding the repeated administration of stimulants no marked or decided sign of reaction was evident for three days, and then only partially. Upon the sixth day, when the circulation became fully restored, and the nervous exhaustion or shock nearly recovered from, symptoms of acute pneumonia set in, and, passing through all its stages, he died upon the ninth day of the attack, or the fifteenth day subsequent to the accident.

The chief features in the case worthy of observation were—1stly, the persistent collapse, and the consequent absence of any reparative power in the injured parts; 2ndly, the absence of all bruising or contusions externally; 3rdly, the absence of any injury to the pelvic viscera, attributable to their being no displacement of the fractured ends of the bone; and, lastly, the post-mortem revelation of the suppurative and almost sloughing stage of pneumonia. No attempt at union had taken place in the fractured bones, and even the extravasated blood was not absorbed.

LONDON HOSPITAL.

FRACTURE OF THE PELVIS; RECOVERY.

(Under the care of Mr. CRITCHETT.)

ELIZABETH H——, aged thirty-six years, was found by the police in October, 1863, in a state of intoxication, sitting on a door-step, and, as she appeared to suffer great pain when moved, was conveyed to the above hospital. On examination, it was found that a portion of the ilium had been broken off, the line of fracture extending from below the anterior inferior spinous process to a point just above the posterior superior spine. The fractured portion was very movable. She suffered but little pain when lying perfectly still. When sober the patient could give no account as to the cause of the accident.

A large gutta-percha splint was moulded to the side. No bad symptom supervened, and she was discharged five weeks after her admission, being able to walk without pain.

COMPOUND FRACTURE OF THE PELVIS; DEATH.

(Under the care of Mr. CURLING.)

James R——, aged sixty-two, labourer, was admitted on

the 14th of February, 1864, and died on the 18th of the same month.

Autopsy, twenty-four hours after death.—External appearances: A contused, lacerated wound, about two inches in length, over the left ilium, leading to fractured bone; ecchymosis around the wound. Abdomen: Ecchymosis in the left iliac fossa behind the peritoneum, the extravasated blood running down along the sigmoid flexure into the pelvis behind the rectum. Ilium comminuted; iliacus muscle infiltrated with blood; no injury to abdominal viscera; no peritonitis.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

JULY 5TH, 1865.

DR. BARNES, PRESIDENT.

DR. BATHURST WOODMAN showed a

DERMOID CYST,

removed after death. It was attached to the right ovary, apparently in the situation of the pons ovarium. The ovary itself was converted into an enormous polycystic tumour, larger than the gravid uterus, filled with colloid matter, in which a few cells, many nuclei, granular matter, and exudation-corpuscles in great abundance were found. There were no evidences of malignancy. Ovariotomy would have been performed by Mr. Couper, but, apparently from the bursting of one or two of the cysts, peritonitis set in, and killed her before the operation could be done. Her age was forty-seven, a married woman, living separate from her husband. Two attempts had been made at tapping some weeks before death, but the colloid matter would not run through the trocar. The dermoid cyst had been turned inside out, displaying two rudimentary teeth and hairs growing from the inside. The contents were hair and sebaceous material.

Mr. WAITS recited a case of Hydroencephalocele of great size in which tapping was practised, the child living about four months.

Dr. AVELING exhibited a double-curved Hysterotome which he had invented some time since, but which he had now discarded. (*a*) Because incisions could only be made by it in a lateral direction. (*b*) Because the two blades did not cut to an equal depth, the yielding structures being deeply incised and the denser ones remaining merely scarified. He also showed the single straight Hysterotome which he now uses. By pressing a handle the blade is projected so as to enable the operator to make an incision increasing in depth from the internal os to the external. Dr. Aveling also exhibited a Spring Tent which he uses after the operation to keep the uterine canal open.

The PRESIDENT thought Dr. Aveling's hysterotome an improvement upon Prof. Simpson's, as the hinge of the blade was at the end of the instrument instead of in the middle. He would, however, ask Dr. Aveling whether there would not be some difficulty in passing the uterine portion of the instrument through a strictured os?

Dr. AVELING stated that he never used the slightest force in introducing the hysterotome, but, when necessary, always first passed a small tangle tent, which in a few hours temporarily dilated the canal.

Mr. ELLIS gave the particulars of a Case of Monstrosity occurring in two children (twins), in both of whom the nose was represented by a short trunk. In one the eyes were totally absent, but in the other they were present.

Mr. TRUMAN read a report of a

FATAL CASE OF TUBAL EXTRA-UTERINE FŒTATION,

to which was added the microscopical examination by Dr. Braxton Hicks. Death took place from sudden rupture of the tube at the end of the third month of pregnancy.

Mr. ROPER remarked that in the two cases of tubal pregnancy which had occurred in his practice, complete rupture of the cyst took place at the seventh or eighth week of pregnancy, and death rapidly followed from hæmorrhage into the peritoneal cavity. Coincident with the first symptoms in each case there were symptoms of menstruation. He believed that when the ovum was in the free part of the tube (not that part which passes through the uterine wall), rupture, partial or entire might be expected at the seventh or eighth week of pregnancy, as at this period the ovum became so large that the tube would not allow of further distension without giving way; it was therefore at this period that we might look for the first symptoms of the accident. Diagnosis of the nature of the case would be importantly confirmed by noting the time at which the first symptoms happen (whether at a catamenial period), and the actual existence of a menstrual discharge. The uterus being unoccupied, the discharge might be regarded as truly menstrual, coming from the lining membrane of the uterus; and the increased functional activity of the reproductive organs at this particular period, the additional afflux of blood, and the turgescence of the vessels concerned in nourishing the ovum, were coincident circumstances likely to determine or hasten rupture.

The PRESIDENT called attention to the fact that previously to the rupture of the cyst—that is, previously to the shock and collapse which mark the epoch of rupture—it was usual to observe a discharge of blood per vaginam. The hæmorrhage he believed was commonly produced in this way: The ovum growing at about two or three months, the period when chorion is rapidly forming placenta, the rate of growth of the villi greatly exceeds that of the sac. The Fallopian tube is unfitted to harbour the ovum; it cannot keep pace with the shooting-out of villi. These become detached, and hæmorrhage results. Then, under combined distension from growing ovum and hæmorrhage, rupture takes place. It was by a perfectly analogous process, in his (Dr. Barnes's) opinion, that hæmorrhage took place in placenta prævia. Here is an *error loci*, as in tubal pregnancy: the ovum grows in the wrong place. The cervical zone is not well adapted to grow with the growth of the ovum. Hence a time arrives, about the fifth or sixth month generally, when the shooting villi get detached from the uterine wall, and hæmorrhage results. This explanation, the President observed, differed entirely from the theory generally received, which attributed the hæmorrhage to the lower segment of the uterus growing away in some manner from the ovum. The cases of tubal gestation and placenta prævia were strictly analogous in this respect. Both were examples of ectopic gestation: the ovum growing in a structure not fitted to grow in proportion with it.

Dr. PLAYFAIR asked whether Dr. Barnes thought that, either with the assistance of the symptom he had pointed out or by any other means, he considered it possible to arrive at the diagnosis of a tubular fœtation before rupture had occurred. There could be no doubt that the question of diagnosis was one of extreme importance, because if the existence of a Fallopian pregnancy could be ascertained with a tolerable degree of certainty, it might perhaps be possible to adopt some method of treatment which would save the patient from the almost certainly fatal result following rupture. Thus, for example, it might be worthy of consideration whether the operation of gastrotomy and the ligature and removal of the Fallopian tube and its contents might not be successfully resorted to. The risk from such an operation would be infinitely less than that which follows the rupture of the cyst. At present the difficulties of diagnosis are undoubtedly almost insuperable; but Dr. Barnes' interesting observation seemed to indicate a means by which they might in time be lessened or overcome.

Dr. BRAXTON HICKS thought the collection of the histories and of the post-mortem examinations of such cases very valuable, inasmuch as it would help to guide us as to the possibility of operative interference, even if the diagnosis could be clearly made out. From what he had seen he thought in the majority of these cases there would co-exist circumstances, such as adhesions, &c., which would entirely prevent our getting below the sac, so as to tie it. Even many of the cases of tubal fœtation were caused by curving of the tube by old contractions or other causes, rendering any chance of benefit hopeless.

Dr. PLAYFAIR said that he believed, as a rule, extensive adhesions would not be found in cases of tubular fœtation before rupture had taken place. After the fœtus had escaped into the cavity of the abdomen, if the patient survived the shock of the rupture, an adventitious cyst was formed round it, which was usually extensively adherent to the surrounding parts; and it would doubtless be very difficult to remove this *en masse* by gastrotomy; although Mr. Spencer Wells, in a previous discussion on the subject, had suggested the possibility of this being done. But in a tubular fœtation before rupture he (Dr. Playfair) apprehended no such difficulty would be met with.

Dr. GRAILY HEWITT observed that the diagnosis of cases of the kind now under consideration was, and he believed always

would be, very difficult; and he feared that but little reliance could be placed on the circumstance adverted to by the President—viz., the occurrence of hæmorrhage as a precursor of rupture, inasmuch as it was well known that in cases of extra-uterine pregnancy hæmorrhage from the uterus was not unfrequent, and that at periods some time antecedent to the rupture. With reference to the time at which rupture occurred in cases of Fallopian pregnancy, there was a very important fact to be borne in mind—viz., that, as Kussmaul had pointed out, many cases of supposed Fallopian pregnancy were really cases of bicorned uterus; and the difference in the result between such a case and one of Fallopian pregnancy with a normal uterus was necessarily very great. In the one case, rupture at a comparatively early period usually occurred; whereas in the other the pregnancy might proceed normally.

Dr. RITCHIE made some remarks on the interesting question of the period at which rupture of the sac usually occurs in tubal pregnancy. He referred to two cases which had been observed by a French accoucheur, where there was some reason to believe that the fœtus, after nine months of intra-tubal life, had been extracted by the natural maternal passages. He surmised that perhaps those cases were to be explained in the manner just referred to by Dr. Graily Hewitt: that they were perhaps instances of double uterus, where the entrance to the second horn or loculus had been mistaken for the uterine orifice of the Fallopian tube.

The PRESIDENT observed that the question now started—whether gastrotomy might not be performed *before* rupture of the sac—must greatly depend upon means of diagnosis. He did not think that the preliminary hæmorrhage to which he had called attention, even aided by other indications, could ever raise more than a strong presumption: the evidence could hardly be great enough to justify the operation. Again, rupture commonly took place not later than three months. He had performed post-mortem examinations in two such cases. In both there was great difficulty in discovering and isolating the parts concerned. In the living subject the task would often be impossible.

ANTEFLEXION OF THE GRAVID UTERUS.

Dr. GRAILY HEWITT related the particulars of a case now under his care, in which anteflexion of the uterus, which existed before pregnancy and which had been nearly cured, was found to be present at the fourth month of pregnancy, and to such an extent as to interfere with the rising of the uterus out of the pelvic cavity into the abdomen. He was called to see her at that time, and found the os high up in the vagina, and the body of the uterus tilted forwards and pressing deeply on the bladder; the soft parts were greatly swollen, micturition exceedingly frequent, and acute pain was present. The patient was ordered to lie in bed, and in three days the uterus was liberated from the pelvis, and the symptoms became relieved. Dr. Graily Hewitt believed that anteflexion of the gravid uterus was very rare, and he had not met with any description of it. In this case the patient had been previously treated by him for anteflexion, and this gave him at once a clue to the nature of the affection.

Reviews and Notices of Books.

Ohrenkrankheiten und Ohrenärtze in England und Deutschland. Ein Nachtrag zur Ohrenheilkunde der Gegenwart.
Aural Diseases and Aural Surgeons in England and Germany; an addition to the "Aural Surgery of the Present Day."
By Dr. W. KRAMER.

DR. KRAMER'S grievance is, that whereas he adopts and advocates one method of studying diseases of the ear and a well-known English aural surgeon a different one, all the rising aural practitioners of Germany, "to his astonishment," have sided with our countryman. Not that this fact has had what one might imagine to be the natural effect of inducing him to question his own ideas, and to ask whether a plan of investigation which even his own countrymen unanimously prefer to his may not have more legitimate claims to confidence. It seems to have excited his ire and contempt, and has prompted another of those violent diatribes with which those who have paid attention to aural literature are so familiar as proceeding from his pen. Into details in this direction there would be no general interest in following him. Suffice it to say, that he has no word of good feeling or appreciation for anyone, but holds up to view, with a sort of ungenerous exultation, every instance he can find—and we confess that they are in this region as yet lamentably numerous—of inexact diagnosis or inconsistent description, as if it were enough to point out a few of such examples to condemn a medical author to contempt; forgetting that of all offenders in this line he is himself, perhaps without exception—certainly without exception in aural surgery—the greatest, and, we must in justice add, the greatest also of confessors. We, in our turn, are "astonished" as we read to find that the repeated instances in which his most dogmatic assertions have contradicted each other—and he has had to repudiate in successive writings the fundamental positions of former ones—have awakened no suspicion in Dr. Kramer's mind as to the reliableness of his diagnostic methods, the untrustworthiness of which to all others (including his German compeers) seems scarcely less evident from his own sudden changes of opinion than from their palpable inadequacy to sustain the structure he erects upon them.

It is now pretty widely known that Dr. Kramer repudiates, or at least slights, all other means of aural diagnosis except the indications furnished by the inflation of the tympanum and the introduction of graduated bougies through the Eustachian tubes. Upon the sounds elicited by the former, and the varying resistances encountered by the latter, he exclusively relies for his knowledge concerning the morbid conditions of the tube and tympanum: we should rather say, he did rely; for, as we shall presently see, he now teaches a very different doctrine respecting diseases of the tympanum. Having made extensive use of both these means, we have no hesitation in saying, in common with the many men of high scientific attainments in Germany to whom Dr. Kramer alludes,—Politzer, Lucae, Von Trültsch, Payenstecher, Voltolini, Schwartze,—that, taken alone, the information they give is far too scanty and indefinite to form the basis of a pathological or therapeutical system; and that the false aural pathology—proved false on the dissecting-table—given by Dr. Kramer is a natural result and a proof of this insufficiency. For example, by his own statement, a bougie may be obstructed on entering the tympanum, either by a stricture more or less complete of the Eustachian canal, or by a bend in its direction without narrowing of its calibre. The one state is pathological, the other normal. Dr. Kramer gives no directions for distinguishing them. Again, the natural size of the isthmus of the Eustachian tube varies from a quarter to three-quarters of a line. Why then should pathological strictures not narrowing it less than a quarter of a line be a cause of deafness, seeing that it still possesses a diameter sufficient for perfect hearing? But few things have surprised us more, in perusing Dr. Kramer's works, than the very scanty account he gives of the sounds heard on auscultation during inflation of the ear by the catheter. We are quite at a loss to conceive how, except from arbitrary choice, he can have set it down that these sounds are simply of three kinds, and indicate only three definite morbid conditions—free, submucous, and suppressed exudation. To our ear they are of an extreme variety, probably capable, perhaps worthy, of a classification more or less exact, but certainly indicating, if they indicate anything at all, a large variety of conditions. This, however, by Dr. Kramer's present account, is of little moment, since we are now told—in opposition to all he has told us hitherto—that these sounds indicate nothing about the tympanum at all. For we come now, and gladly, to the comparatively small "positive and objective" portion of Dr. Kramer's pamphlet. This consists of a few experiments on the injection of air or fluids or medicated vapours into the Eustachian tube, performed partly on the subject, partly by means of a glass model.

The result of these experiments is, briefly, that when the membrana tympani is not perforated fluids do not reach the

tympanum in any quantity unless introduced by a small elastic catheter beyond the "isthmus" of the Eustachian tube; that, when injected by the ordinary catheter, they may extend slightly "by adhesion" along the walls of the canal if these are moist, but, if they are dry, not at all; that air blown by the ordinary catheter through the tube does not reach the tympanum, but circulates merely in the outer portion of the tube; that mucus contained in the tympanum is quite unaffected by a stream of air passed through the catheter, and certainly cannot be by it "blown out:" all which positions are directly opposite to the life-long teachings, pronounced to be founded on an infallible, "objective, tangible, and acoustic" basis,—of whom does the reader think?—of Dr. Kramer! whose practice has been to "blow away" deafness by blowing out mucus from the tympanum; to judge of the condition of its mucous lining by the sound of the "in and out streaming air;" to reproduce secretion, when the membrane was dry, by blowing in a drop or two of a solution of caustic potash! (See, amongst other places, the "Aural Surgery of the Present Day." We would be far from blaming anyone for growing wiser or for confessing that he has done so; but surely these new views are introduced with expressions of regret for former errors, or at least for the language in which they have been expressed, with some modest admission that results so recently arrived at may not be found absolutely certain! We wish it were so. These experiments are but the basis for the vehement attack to which we have alluded on all his brethren, as if *they* were the persons guilty of hasty statement and unsound reasoning.

With regard to the experiments themselves, though they are by no means altogether novel, they deserve repetition, which no doubt they will receive, both in this country and abroad. They do not accord with our own experience; for we have experimental reason to be assured that both during life and after death (at least on recent preparations) fluids injected by the Eustachian catheter do reach the tympanum. But the questions thus raised cannot be hastily disposed of. If Dr. Kramer's statements are confirmed, his tardy recantation may make some amends for his long-maintained and now proudly-proclaimed errors. But how can we believe him? Did he not quite recently assure us that all cases of tinnitus might be infallibly cured by blowing into the tympanum, through the catheter, a drop or two of the solution of strychnia, and that this effect was wrought by its direct action on the chorda tympani nerve? What are we to think of this statement? Does Dr. Kramer, or does he not, blush when he reads it?

By his own account, what man has written more absurd statements about the ear than he, or done more to fill the literature of aural surgery with rash and unfounded assertions? It is no wonder he says in the conclusion of this pamphlet, "I expressly declare to be erroneous everything in my earlier diagnostic or therapeutical views which in any degree contradicts the principles here set forth." To which we merely add, let us wait until these are contradicted too.

About the Eustachian catheter the fact seems simply to be, that it has gone the course of almost all surgical procedures, being at first overlauded and abused, then falling, by a natural reaction, too much out of use, but destined ultimately to find its fit place and due limits. In ear disease the catheter has its value—in our opinion a very considerable one,—but how does its exclusive use differ from any other form of quackery?

CALABAR BEAN IN NERVOUS AFFECTIONS.

To the Editor of THE LANCET.

SIR,—During the last six months the ordeal bean of Calabar (Physostigma venenosum) has been a good deal used in the Royal Hospital, Greenwich, in the treatment of functional nervous disorders. It has proved so advantageous in chorea that I think the following case will be found interesting:—

John W——, aged nine years, came under observation on the 27th of June, 1865. The patient had suffered from chorea for more than a month, and had undergone a variety of treatment, chiefly of the tonic kind. He had not, however, derived any advantage, and his disease seemed to be making progress. It is needless to describe the ordinary symptoms of chorea, and it will be sufficient to say that the boy was exceedingly helpless, being almost unable to take hold of any object, or even to feed himself; he had also become very thin. He was ordered the following:—Liquor of Calabar bean, two minims; glycerine and spring-water, of each one ounce: a dessertspoonful three times daily. Under this treatment he recovered gradually and steadily, his movements becoming every week more and more under control. By the end of July he was so much improved as to be able to dress himself; by the 25th of August every symptom of his disease was gone, his general health being also much improved. The administration of the drug was accordingly stopped, and the boy is gone to the country in advanced convalescence.

The liquor of Calabar bean mentioned in the prescription was obtained from Messrs. Bell and Co., of Oxford-street. It is, I believe, a solution of the alcoholic extract in glycerine, of such strength that one minim is equal to four grains of the bean; so that the patient took one grain three times daily. At no time was there any unpleasant consequence observed. This preparation is so safe and manageable that the only objection to it is its costliness.

At this hospital the remedy has also been employed with great success in cases of general convulsions with only impaired consciousness. In a case at present under treatment, that of a little girl aged four years and six months, in whom convulsions used to occur four or five times every day for about nine months, there has not been a single recurrence of convulsion since the first dose of the bean was taken about a fortnight ago. In this case, after treatment in various institutions without success, idiocy appeared to be the most probable event.

I am, Sir, your obedient servant,

H. N. MACLAURIN, M.D.

Royal Hospital, Greenwich, Sept. 4th, 1865.

DRUNKENNESS IN STAFFORDSHIRE.

To the Editor of THE LANCET.

SIR,—In the section of Economic Science, at the recent meeting of the British Association at Birmingham, the Rev. Mr. Bain referred to the more than average amount of drunkenness said to prevail in South Staffordshire. The fact may or may not be correct; but if it is, possibly it is in some measure to be accounted for by a system which, originating years ago, has largely increased in some districts, and especially in the immediate neighbourhood of Burton-on-Trent. In the larger breweries there is always a varying amount of "returned ale"—that is, strong ale which has become so tart or acid as to be unfit for ordinary sale. This strong ale is modified in various ways to make it palatable, and is then reissued at a very low price. The principal buyers of it are a set of minor publicans, to whom have been granted five-shilling licences. In the district this liquor, known as "klink," is sold at the low rate of twopence per quart, and being exceedingly strong, the above quantity is enough to intoxicate most men; consequently, in some villages where klink is sold, there is a most demoralizing amount of intemperance both among men and women. It is not, however, the intoxicating power of klink beer which is its only bad property; but, from the development of certain acids, the effect upon the mucous lining of the stomach, upon the liver and kidneys, is most injurious, and those who are in the habit of drinking it are well aware of the effect. Unfortunately, too, this kind of beer has got largely into use as harvest drink, and, being consumed in large quantities, originates numerous cases of severe dyspepsia, of liver irritation, and especially of kidney disorder, in consequence of the abundant formation of urates and of uric acid; and, of course, coincident with these arise rheumatic and gouty affections of more or less severity. Probably neither brewers nor employers are aware of the amount of injury inflicted by this drink.

I am, Sir, your obedient servant,

September 19th, 1865. S.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 30, 1865.

THE recent session of the Central Criminal Court has been more than usually prolific in its exposition of crime. From its details, those unacquainted with our social habits might be led to the inference that vice and debauchery were the chief characteristics of the English operative classes. An analysis of the different cases tried would, however, lead to a different opinion. The number of grave offences was not out of proportion to the number of the population; while the character of the most serious assumed a specialty which transferred them from the category of crime to the wider range of calamities. The case of ESTHER LACK, tried for the murder of her three children, affords an example of occurrences which have of recent years been lamentably frequent—viz., the wholesale destruction of life under the influence of insanity. The morbid avidity with which the record of such cases is perused we fear contributes greatly to the commission of similar deeds, inasmuch as their details leave abiding impressions on the memory of those predisposed to the development of unsoundness of mind. Such occurrences constitute the sensation details for Sunday reading amongst the class most likely to furnish examples of their repetition. Of crimes committed in a state of semi-intoxication, the most lamentable was that of RICHARD MORELAND, charged with the manslaughter of his father. The case is important as demonstrating the spirit and operation of our English legal procedure. The affair was a painful one in its details. The deceased was an elderly man. He and his son were drinking with their companions in a beer-house in Stepney. The son offered the father the pot containing the beer. The father declined to drink, and when doing so upbraided his son for keeping bad company and making use of bad language. The son retorted, and the father, in exasperation, struck him. The son returned the blow, and engaged in a struggle with his father. The latter fell to the ground, fracturing his leg in the fall. He was removed to the London Hospital, where the limb was amputated, and he eventually died. A conviction for manslaughter appeared to be the inevitable result of the fatal issue. But when the case was tried the medical witnesses necessary to establish the facts had not been subpœnaed to appear. The only medical testimony ordered was that of the surgeon who attended the deceased after the operation was performed, and according to his evidence the operation had resulted in death. Whether the amputation was necessary or not, as the result of the accident, the witness could not of his own knowledge affirm. A material link was thus wanting to associate the death and the injury received in the struggle, and this deficiency was due to haste, indifference, or ignorance displayed by those on whom the responsibility of procuring evidence for the prosecution rested. Mr. Justice SHEE, a most experienced judge in criminal cases, well expressed his conviction that the fact of an amputation having been performed in such an institution as the London Hospital might, for the personal satisfaction of any one, be received as evidence of the necessity as well as of the efficiency of its performance. That, however, was not the question. Strict proof was requisite. Facts alone, not fancies, should affect life or liberty. These facts were defective owing to the absence of a material witness—the surgeon—who attended the poor sufferer on his admission. And this absence caused a miscarriage of justice and the escape from a verdict of one accused of parricide.

The first inquiry suggested by the perusal of these details is, upon whom does the duty devolve of preparing the evidence for the prosecution for so grave an offence? Is this an exceptional case in which justice has been defeated owing to the want of proper attention or precaution on the part of the vague and uncertain authorities on whom the responsibility rests? It is a significant fact that the evidence wanting was that of a scientific witness, whose attendance would have entailed expense. What provision is made for such cases? With whom does their selection rest, and who has the authority to determine as to whether they shall or shall not be called? These are important inquiries, and we trust that this occurrence may lead to their full and complete investigation, as well as to their satisfactory settlement. The next question is even more important. Should Mr. Justice SHEE have postponed the case in order that the missing link in the evidence might have been supplied, that link being within reasonable distance, and available within a brief period of time? This inquiry is one of difficulty; for while, on the one hand, it involves the question of substantial justice towards a man accused, and no doubt guilty, of a serious offence, on the other, it refuses to establish a precedent whereby the Crown might, on the trial of a grave offence, learn, in the conduct of a case, the imperfections in their evidence, and be instructed by the defence as to the shortcomings of the prosecution it was their duty in its completeness to have submitted and sustained. There is a period in criminal proceedings when frequent adjournments are permissible. When, however, an indictment is preferred, and the charge thereby may be said to have arrived at its maturity, it is better that a culprit escape through such a deficiency as that to which we have referred, than that the forms of criminal procedure be dependent on the incidents of the evidence, and the course of criminal trials be subject to interruption, to suit the convenience or indifference of those prosecuting. This was not an example of those technical defects which were formerly held to vitiate an indictment, and which in logical hands had so often defeated justice; it was a radical omission and defect in evidence which might have been supplied by the Crown previous to the trial, the value of which the Crown is presumed to have known, and the omission to adduce which the prisoner's counsel had a right to argue was of itself in favour of the accused. If this case lead to a better order of things, so far as the conduct of minor prosecutions and the general management of criminal trials are concerned, the blunder, or accident, will not have been without important results. Mr. Justice SHEE would, no doubt, in the event of a conviction, have dealt as mercifully with the wretched prisoner as the law permitted; at least we infer as much from his Lordship's observation, that though acquitted, he (the prisoner) would probably be sufficiently punished by the reflection that he had been instrumental in causing the death of his parent. We trust that

it may be so, and that this case may prove a warning to other young men whose intemperance lays the foundation of so much wide-spread misery and crime.

THE continued dearth of candidates for the medical service of the Royal Navy, together with the issue of the second edition of a pamphlet relating to that subject, lately analyzed in our pages, induce us to return to the question. We do this the more readily because much fresh matter is introduced by the writer, and several important reforms are suggested. Of these last we regard the advocacy of a single examining board, as recommended by the Army Commission of 1858 for the Army, Navy, and East India services, as opportune, because we consider it well adapted to level the inequalities justly complained of. Among the fresh matter, we admire the manner in which the sophistries of the First Secretary to the Admiralty have been refuted. Lord C. PAGET's assertions in the House of Commons and the replies thereto are printed side by side, displaying the inaccuracy and unfairness of his Lordship's statements. As an instance of this, his Lordship asserts that "the Admiralty certainly is not in great want of assistant-surgeons," whereas, in the past quarter, only two efficient candidates could be found to fill fifteen vacancies in the assistant-surgeons' list, and thirteen full surgeons have been appointed to perform the duties of assistants.

Our readers will naturally inquire, What are the demands of the naval medical officers? These may be thus summarized in chief:—

1. Cabin accommodation without any exceptions.
2. Assistant-surgeons' time to be counted in its entirety.
3. A distinct list of staff-surgeons.
4. Staff-surgeons to rank with commanders by date of commission.
5. Compulsory retirement at ages similar to those appointed for the Army. Optional retirement after twenty years of active service.
6. Shore allowances compensatory for loss of emoluments afloat. Similar allowances, at a higher rate, for shore-service abroad.
7. Prize-money according to relative rank, as is the case in the Army.
8. Honorary distinctions as liberally bestowed as in the Army, with removal of the restrictions in the statutes of the Order of the Bath that exclude naval surgeons entirely, and only admit to the third degree—that of C.B.—the deputy inspector-general; whilst army regimental surgeons are admitted to the second degree, that of K.C.B.
9. Social privileges in alliance with relative rank, without reference to command.
10. Recognition of services in hospitals at the seat of war as military services.
11. Application to the Navy of future beneficial Army regulations.
12. Improvement in the rank and pay of the Director-General.
13. Increase of full-pay to the medical department generally, adequate to meet the increased expenses of society at the present day.
14. Substantive rank of deputy inspector-general with one guinea per diem on retirement as staff-surgeon after twenty-five years of active service.

A perusal of the pamphlet* may be necessary to enable surgeons in civil life to understand some of these technical requisitions; but we can all understand that the mean annual income of £280, during twenty-five years of professional life in all quarters of the globe, is insufficient remuneration, and we concur with the writer in stating that "£318 per annum"—the mean sum for that period according to his proposed amended scale of pay—"is the minimum that the medical profession can regard as a fitting remuneration for their naval brethren."

If the Admiralty will concede to the medical officers their demands, which we consider to be moderate, they may rely upon the profession for steady support and faithful service.

Medical Annotations.

"Ne quid nimis."

PLAIN ENGLISH.

THE Lord Chief Justice Cockburn, when addressing the students of St. Mary's Hospital Medical School a year or two since, in a set address, could find, as he said, no more useful subject on which to speak with them, and through them with the medical profession, than to advise them finally to abandon the use of technical language when setting medical statements before the public. He described with force and humour the difficulties in which jurymen are involved by the habitual use by medical witnesses of phrases to which the non-medical public attach no definite sense, or a wrong meaning, or none at all. He cited instances of the easy hold which this habit gives to the practised power of sarcasm of the legal advocate, and the facilities which it affords for mystifying the uninitiated hearers. The complaint was not new, but coming from so able a man, so experienced a judge, and so good a friend of the medical profession, it must certainly have produced a marked impression. But confirmed habits are not easily eradicated; and the *Pall-mall Gazette* seems to find enough of the old Adam in the constitution of the medical writers of the present age to justify it in a pungent attack upon the doctors of this day for the many specimens which their writings still afford of terminology run mad. The article itself is indeed easily open to criticism, for the writer confounds two such very different things as nævi and warts, and takes us to task for not using the latter word to describe the former. A certain use of technical terms is essential to accuracy, especially among medical men writing for each other. But we forgive the exaggerations and errors of the critic on the score of the general usefulness of the scope of his remarks. We have frequent occasion to observe this tendency to neologism, and the avidity with which second and third rate writers especially cover a certain crudity of reasoning and obscurity of thought, or endeavour to give weight to a shallow theory, by the selection of the very longest and most technical words which the medical vocabulary will supply. This is an error to be deplored and reprobated. The best medical writers and the most distinguished practitioners are remarkable for the clearness of their diction, and for the constant avoidance of Latinized terms when they can be dispensed with. Let us only mention as striking examples Dr. Watson, Mr. Syme, and Mr. Fergusson. Many a man would cease to write nonsense if he would begin by writing plain English. This is useful for medical men writing for each other; it is most desirable when they are writing or speaking words which are to be scanned by non-medical persons. For example, when

* This pamphlet may be obtained by any member of the profession from Dr. F. J. Brown, Rochester.

a surgeon has to give a certificate describing injuries to the arm, as in a document which has been largely published this week, and describes the condition as one of "periostitis of the humerus," it is simply unintelligible to those whom it was meant to enlighten; although they would very well have understood what was meant by inflammation of the investing membrane of the arm-bone. We can but note that house-surgeons to hospitals in their frequent certificates to police-courts are great sinners in this way. But they are far from being alone in the practice. Plain English is, in ninety-nine cases out of the hundred, infinitely preferable to dog-Latin or barbarous Greek. It is even better than a purely classical phrase derivable from either of the dead languages. Medicine has every reason to court the investigation of men of sense and education. They love to be appealed to in plain clear language. Mystery is magnificent only to the ignorant and uneducated. The man who studies to use it is by that fact under suspicion of incompetency or quackishness.

PROF. BOECK'S TREATMENT BY SYPHILIZATION.

THIS distinguished surgeon is pursuing the practical application of the treatment of constitutional syphilis by syphilization upon patients selected by himself from amongst those applying for admission at the Lock Hospital, under Messrs. James Lane and Gascoyen, the surgeons in charge of the in-patients. This matter is one of the highest interest, and the results are being watched with the greatest care by those surgeons themselves, who very liberally and honourably accepted at once our invitation to afford facilities to Professor Boeck for practically demonstrating his treatment in this country, by requesting the permission of the governors to place their beds at his disposal. The Venereal Commission, who have officially invited Professor Boeck to this trial after hearing his evidence, and especially Mr. Skey and Mr. H. Spencer Smith, the president and secretary of the commission, have been present at most of the inoculations. It is highly to the honour of Prof. Boeck that he should thus voluntarily, and at a great sacrifice of time and labour and the complete interruption of his home practice, devote several months to the scientific discussion of his views and the application of his cure to hospital patients in a foreign country. It is, indeed, an act of exalted disinterestedness, indicative of true humanitarian and scientific spirit; and the circumstance is one which deserves to be historic, as honourable to the Swedish professor as to our English surgeons.

Should the results realized be as favourable as the Professor entertains the conviction that they must and will be, the therapeutic significance of his visit will of itself be momentous. This, however, is a matter of slow demonstration; the evidence can only be accumulated gradually: but the problem is being worked out under the eyes of very conscientious and competent observers. As Professor Boeck's treatment applies especially to cases in which secondary symptoms are developed, the chancre having healed (as he considers it always ought to be allowed to heal) without the use of mercury, suitable cases are not abundant. In those who have taken mercury, the effect of the inoculations is not so satisfactory, nor is their progress uniform. The following is a brief record of what had been done up to a recent date, and we shall continue to record authentically the general progress of the cases treated.

Three cases of secondary eruption of recent date, in girls about twenty, not subjected to any previous treatment, had been inoculated, and had gone through five series of inoculations, the matter being taken from a male patient with a crop of non-indurated sores on the prepuce. On the first occasion two inoculations were made on each side; subsequently one only.

A fourth case of secondary disease, in a woman aged twenty-one, had been inoculated four times with matter from one of the former cases.

The fifth is a bad case of tertiary disease, with exposed bone in the forehead, ulceration of shoulder, nodes, &c. The patient had been inoculated three times with matter from one of the above. Several of the first inoculations in this instance failed, as Dr. Boeck frequently finds to be the case in broken-down constitutions such as that of this patient; but after a time the inoculations succeed, and marked improvement in the health takes place.

MEDICAL ARBITRATION.

WE have received particulars of the arbitration in the case of Irvine *v.* Wilson and another, executors of the late Mr. Lace. The case was set down for hearing at the last Liverpool Assizes. The plaintiff, a member of the English College of Surgeons, claimed the sum of £250 for professional advice, visits, operations, and medicines. Acting according to the suggestions of two medical practitioners, to whom the items of the account were submitted, the defendants paid the sum of £80 9*s.* 6*d.* into court, in full satisfaction of the plaintiff's claims. Mr. Baron Bramwell, the presiding judge, very properly declared the case to be one for arbitration. The arbitrator selected, Mr. Martin, of Liverpool, having heard both general and professional evidence, has awarded the plaintiff £110 in addition to the sum paid into court, being £60 less than the amount originally demanded. The attendance in this case had extended over many months. From its nature it required frequent visits, and the performance of operations demanding professional experience and skill. No understanding having been arrived at during the patient's lifetime, it became the duty of his executors to carefully scrutinize all charges payable by them, and they must therefore be acquitted of any impropriety of conduct in resisting the settlement of the plaintiff's account, so long as, acting with *bona fides*, they did so on public, not personal grounds. The award recorded will carry costs in the cause, which, it is to be presumed, were to abide the event. Though this be so, it is to be lamented that the expensive process of litigation should have been resorted to, inasmuch as the amount of costs, as between attorney and client, generally constitutes a considerable item, for which there is no provision, and there is no reason why this case should be an exception to the general rule. It is a matter of extreme regret that on such points as professional remuneration, the propriety of visiting and charging for such visits, and on other matters incidental to the daily pursuit of our profession, a greater spirit of unanimity does not exist amongst medical practitioners. It is surprising that the estimate of what is fitting remuneration should not arrive at something like a uniform standard. In this case two surgeons applied their moderate, but no doubt honest, estimate of their own services to the charges of the plaintiff, and there is every reason to infer thereby contributed to costly litigation, since had their calculation been somewhat more generous, it is probable that the case would not have found its way into court. These gentlemen placed themselves in the position of the plaintiff, and stated the amount of remuneration which would have satisfied them. This, no doubt, was most conscientious on their part, and as they were the best authorities as to the value of their own services, they probably estimated them in a not illiberal spirit. Many professional gentlemen, of larger experience and higher standing, took a different view, and thus secured to the plaintiff the additional award.

Surely cases of this character ought to lead to something like co-operation amongst the members of our profession. It is discreditable—we use the mildest term—that such differences in opinion should be publicly proclaimed. Modest, humble-minded men, who estimate certain professional services at one-fourth of that amount which by their brethren is declared to be reasonable remuneration, may, in doing so, take a very

sufficient view of their personal claims. Is it fair to the profession that they should constitute themselves a standard? They can scarcely hope such philanthropy to be general, and they must not be surprised if others not less honest differ from them in opinion, and possibly exceed them in their expectations. We have no desire to see the members of our profession unduly paid; and we should be sorry to believe that any one of our brethren would consider Medicine as a trade, and regard its practice as a mere matter of commerce. There is, however, a limit beyond which moderation cannot step. We trust the day is far distant when the discharge of the most important and responsible duties of the surgeon will be regarded as a mere matter of work to be paid for on a scale inadequate to reward an ordinary mechanic. Members who thus estimate their services have yet to educate their minds to the dignity of their position.

POOR-LAW GUARDIANS.

A PROVINCIAL Board of Guardians are in a very odd predicament. They have been in the habit of treating themselves to tea at their meetings, and hitherto this has been charged on the public rates. The Poor-law Board, after a stormy correspondence, persists in disallowing the expense; and the guardians have carried out their threat of striking work if not allowed their tea. The poor in consequence are in some danger of being thrown upon exceedingly short commons; for the board have not met to renew the expiring contracts for necessary articles of food. This is not an unamusing nor an uninstructive incident. We are far from supposing that this board is solitary in its little indulgence of private refreshment at the public expense. We think we could name a board of guardians, not far from London, who are in the habit of having fortnightly dinners on this footing. When the metropolitan auditor next makes his round, he might look into the matter. The country board returned their tea very honestly as a separate item. What is most worth noting, however, is the spirit of these guardians. It is characteristic. We heartily believe that no satisfactory administration of the union-houses can be expected while they are left under the control of the very inferior and uneducated class of small tradesmen who constitute the majority of the present boards. They are inconceivably petty, ignorant, and unfit to govern institutions of so much magnitude. We should never have heard of so much mismanagement as our Commission has brought to light, but from this cause.

THE ALBERT VETERINARY COLLEGE.

ENGLAND is much in arrear in the provision made for teaching veterinary medicine. Although we possess the finest and most valuable live-stock in the world, few countries are so ill-furnished with skilled veterinarians. While with us there is proportionally but one veterinary practitioner to every 160 miles of country, over the greater portion of the Continent there is rarely less than one in every 81 square miles. Sometimes, even, the proportion is so high as one in 38 square miles. In France and her dependencies the number of veterinarians engaged in the practice of their profession is upwards of 3000, while in England there is less than 1500.

The enormous losses to which the live-stock of this country has been subjected during the last ten years from epizootic diseases, and the increasing prevalence of these diseases, have shown the necessity for greater attention being given to, and larger means provided for, veterinary tuition.

The establishment of the Albert Veterinary College is a welcome indication that the want which is thus felt is about to be supplied. In 1857, Professor John Gamgee founded in Edinburgh the New Veterinary College. This College, after doing much for the promotion of veterinary medicine, has been transferred to London, and forms the nucleus of the new institution. The greater field afforded by the metropolis for the study of the diseases of domesticated animals has justly determined this step. Arrangements are being made, on a plan adopted in Paris and elsewhere, for combining a course of Agriculture with the curriculum of veterinary studies. The staff of the new College is constituted as follows:—Principal: Professor John Gamgee. Professor of Veterinary Anatomy and Curator of Anatomical Museum: James Law. Professor of Veterinary Physiology: William Duguid. Professor of Veterinary Materia Medica and Superintendent of Pharmacy: George Armatage. Professor of Chemistry: William J. Russell, Ph.D., F.C.S. Infirmary Superintendent and Professor of the Art of Farriery: Joseph Gamgee, sen. Professor of Veterinary Medicine and Surgery: John Gamgee. Professor of Agriculture: John Coleman, late Professor of Agriculture at the Royal Agricultural College, Cirencester.

SPANISH MEDICAL CONGRESS.

THE following are the regulations of the above Congress, to be held at Madrid in 1866:—

1. The object of the Spanish Medical Congress is to assist the progress of science, and to serve as a centre of union to those who cultivate it.

2. The number of members of the Congress shall be unlimited.

3. In order to take part in the Congress it will be necessary to possess a diploma in Medicine, Surgery, or the allied sciences.

4. With a view to the arrangements for this Congress, a central junta has been formed at Madrid, composed of members of the medical profession and corporate bodies. This junta will elect from its number a commission of organization.

5. Those who wish to take part in the Congress should direct their communications to the commission, which will inscribe them in the lists which are being made out.

6. Memoirs and written notes will be communicated in the first place to the commission of organization, so that they may be classified in the order in which they must be read at the Congress.

The decisions of the commission may not be appealed against.

9. If any foreign professor, inscribed as a member of the Congress, shall desire to take part in the discussions, he may do this in the French language. Replies to him shall be in French or Spanish, at the will of the speaker.

10. Those who are inscribed as members of the Congress will receive a ticket of admission which the commission of organization will provide, and for which the payment will be 600 reales.

11. The moneys collected will be employed in defraying the unavoidable expenses of the celebration of congress, and in printing a report of the proceedings, which shall be as copious as possible. Each member of the Congress will be entitled to a copy.

12. The commission of organization takes charge, till the opening of the Congress, of the carrying out of these regulations, and will promote, by such means as are at its disposal, the realization of the objects proposed. The commission will also gladly undertake to facilitate, to the utmost of its power, the communications of professors who, being absent from the metropolis, may desire to take part in the Congress.

* * * * *

16. The first two of the six days, during which the sessions will last, are to be devoted to verbal and written communications; the other four to the discussion of the points which the commission of organization have raised.

(The following are the scientific questions appointed for discussion:—

I. The reforms which are needed in infirmaries, hospitals, lunatic asylums, prisons, and barracks, as regards the medical administration.

II. The histological, chemical, and clinical analysis of purulent infection.

III. The nature and the best treatment of typhoid fever.

IV. What reforms of the existing penal code are necessary, in a medico-legal point of view?)

Members who desire to communicate anything to the Congress must be inscribed in a register which will be kept by one of the secretaries. The secretary of the commission of organization, Señor Pablo Leon y Luque, resides at Calle de Atocha, núm 8 y 10, 4°. President, Señor Melchor Sanchez de Toca. Vice-President, Señor Juan Castello, &c.

MEDICAL MEMORIALS.

THE memory of medical men is so apt to die away slowly without appropriate commemoration, that we welcome the instances of permanent record of their fame and recognition of their good deeds. The graceful compliment which our French neighbours have paid to the immortal Jenner, by erecting a monument to him at Boulogne, is an act beyond the usual routine of such public honours. We have good reason to be proud of our great countryman, who shares with Harvey a fame unapproached by any other medical worthies of the last ten centuries. We cannot be unmoved at this international tribute of respect to the memory of our favourite medical hero—the type of a true philosopher, and one of the greatest of human benefactors. Jenner has also his statue in this metropolis; but it was thought unworthy of a place in the public square where first it was erected, and has been removed to an obscure corner of Kensington Gardens, for the edification of nursery-maids—and cows.

Our Irish colleagues are doing honour to their notable contemporaries in the profession. To mark the recent retirement of Dr. Corrigan from the presidentship of the King and Queen's College, Dublin, which office he has for several years filled with the highest usefulness and distinction, a marble statue and a portrait in oil are to be placed in the hall of that institution. Mr. Catterson Smith is the artist, and Mr. Foley the sculptor. Mr. Foley is also engaged on a similar work of Sir Henry Marsh, M.D., for the same institution.

RESTRAINT.

EXAMPLE does not always suffice, it would seem, to enforce the simplest rules of life. Surely there have been enough of instances to show medical practitioners the necessity of extreme caution in issuing certificates of insanity and in authorizing restraint to be employed in cases of temporary delirium. Nevertheless a case was brought last week under the notice of Mr. Knox, the magistrate, in which a certificate had been issued by a medical man, authorizing the detention of the complainant in the insane ward of a workhouse, although, as he declared, the medical man issuing the order had never seen him, but had taken the word of the wife. It was shown in evidence that they had refused to receive the complainant at the workhouse. The man endeavouring to apply restraint under the authority of the certificate was fined £5, with the alternative of a month's imprisonment, and the magistrate, in giving judgment, said, "I declare emphatically, that but for the unfortunate circumstance of Dr. Clapp having issued a certificate to the wife, the present case would never have occurred." Of course there was not the shadow of a pretence for imputing improper motives to Dr. Clapp, and this Mr. Knox did him the justice also to declare; but with the examples of the important cases which were tried last year still fresh in the memory of the profession, it is astonishing that any medical practitioner should fail to protect himself by acting with the utmost caution in such cases. Amongst the obvious measures of precaution necessary, are the careful personal inspection of the patient, and the requiring the independent judgment of another medical man. Under any circumstances, where the persons are not able to pay for a second medical opinion, it is desirable to require at once a magistrate's order.

ONLY FORTY YEARS AN ASSISTANT-SURGEON.

AMONGST the parliamentary documents issued during the last session is a return to the House of Commons of the number of assistant-surgeons at present in her Majesty's service, exclusive of the Indian army; and of the number of assistant-surgeons promoted to the rank of surgeon during the last three years, specifying the number in each year. The return is very brief, but highly instructive. We quote it in its very words.

"Return showing number of assistant-surgeons at present in her Majesty's service, exclusive of the Indian army,—738.

"Return showing number of assistant-surgeons promoted to the rank of surgeon during the last three years:—

Year ending 31st March, 1863	16
Year ending 31st March, 1864	19
Year ending 31st March, 1865	20."

Now for a simple calculation. The average annual rate of promotion for these three years is, then, 18; which "goes into" 738 just 41 times. So that the last appointed assistant-surgeon in her Majesty's service has the just expectation of being promoted at the end of forty-one years! Perhaps with this delightful prospect, and having regard to the circumstance that in her Majesty's Indian army, which is anything but a paradise for surgeons, promotion to the rank and pay of surgeon comes of right after ten years' service, the Horse Guards will understand how it is that the army medical service is so excessively unpopular in the profession, and why it is looked upon as the last refuge for the destitute—not quite a fair position for so important a public department.

A MORAL POLICE.

WE notice with satisfaction a brief statement in some of the journals that "the Chester magistrates have fined a man named Hickey for distributing in the streets the bills of a Bristol quack doctor." This useful measure of police is one which might surely be imitated in this metropolis and in many of our great towns with advantage. We constantly receive complaints from persons who are insulted and disgusted by having obtruded upon them the handbills and pamphlets of those infamous persons whose quack advertisements are now happily excluded from the columns of most respectable journals, and who strive to indemnify themselves by a forced gratuitous circulation of their vile announcements and publications in successive districts. Ladies, clergymen, young lads, and respectable householders are included in the indiscriminate distribution. In place of continuing to address to the press indignant expressions of disgust, some of these persons thus insulted might well appeal to the police magistrates to protect them as the magistrates of Chester have protected their fellow-citizens. Several of our great thoroughfares are still infested by these nuisances.

THE CHOLERA.

IF the latest news from Odessa is to be trusted, cholera has broken out on the eastern slopes of the Caucasus. Once again, then, if this news be confirmed, the pestilence is being developed along that north-western track which it followed in the invasion of Central and Northern Europe during the great outbreaks of 1829–32 and 1847–49.

The disease still extends in Southern Europe. It has shown itself at Melazzi and Acqui, in Piedmont; it prevails at Palma, in the Balearic Isles; and it has appeared at San Roque, in the south of Spain.

Newly-infected places, or places not previously stated to be infected.

Piedmont.—Florence, Sept. 12th: Acqui, a walled town, eighteen miles S.S.W. of Alessandria; population 7800. Melazzo, three miles S. of Acqui; population 1588.

Balearic Isles.—Sept. 11th: Palma, capital of Majorca; a fortified town; population 42,000. Cases of cholera were first noted towards the close of August. The pestilence rapidly increased, and by the 9th of September there were fifty deaths from it. A panic early seized upon the population, and it is estimated that two-thirds have fled from the town. Business is well-nigh at an end, and the markets are but scantily supplied. As a consequence, the poorer classes are suffering much privation. The disease is not confined to the town; it has appeared also in the environs. Each town and village in the island has established a "sanitary cordon," in order to prevent communication with Palma. The heat is said to be great; damp is also complained of, and rain is longed for.

Spain.—Gibraltar, Sept. 12th: San Roque, a small town (population 7691) situated on the mainland of Spain, about six miles N.N.W. of Gibraltar. Cholera has appeared there suddenly and severely. On the 11th of September six persons died from the disease. It is said that cholera at the same time became exaggerated in Gibraltar.

Places previously infected.

Gibraltar.—The latest news unhappily shows that cholera has rapidly extended, and is now widely prevalent, among the civil population, the garrison, and the convicts. The following return includes the deaths of 17 convicts. The daily report refers to the twenty-four hours from ten A.M. on the day specified to ten A.M. on the preceding day.

	Civil Population.		Military.	
	Cases.	Deaths.	Cases.	Deaths.
Sept. 5th	7	1	1	0
6th	13	7	3	5
7th	12	5	1	0
8th	11	9	2	2
9th	18	4	2	0
10th } 11th }	34	21	4	4
12th	32	13	5	1
13th	50	21	7	2
14th	25	11	5	2
15th	35	13	1	3

Barcelona.—Sept. 12th: Since the 2nd instant cholera has made considerable progress. The panic among the population is described as disgraceful. The number of inhabitants who have left the city is computed at more than 40,000.* From the interruption to business and large cessation of labour there is much suffering amongst the working classes. The number of deaths from cholera reported during the seven days preceding the 12th was 263; and the total mortality from all causes amounted to 462. No British subject has yet died from the pestilence.

At Barcelonetta, where the shipping lies, much disease prevails; but the crews of British barques, although equally exposed with the native crews, have escaped. This is attributed to their abundant dietary.

Sept. 24th: Only 14 cases reported in the city this day.

Marseilles.—Sept. 20th: Thirty-eight deaths from cholera among the civil population. No case among the garrison.

Toulon.—On the 17th September, 76 deaths from cholera; on the 19th, 50; 20th, 46; 22nd, 68.

Malta.—Sept. 22nd: The total number of deaths amongst the troops, including women and children, up to the 14th of September, was 115, out of 150 to 160 attacks. Since then several cases have occurred, especially in the 84th Regiment. On the 21st, five cases manifested themselves in this regiment, and one in the Royal Artillery.

The return of cholera cases amongst the civil population from the 12th to the 21st of Sept. inclusive, is as follows:—

	Attacks.	Deaths.
Sept. 12th	17	9
,, 13th	21	10
,, 14th	15	16
,, 15th	25	14
,, 16th	21	13
,, 17th	33	20
,, 18th	25	16
,, 19th	35	22
,, 20th	13	18
,, 21st	21	18

* Population in 1842 (including Barcelonetta), 121,315.

Ancona.—Florence, Sept. 12th: Outbreak may be said to be at an end.

San Severo and Manduria.—Florence, Sept. 12th: Only one or two cases recorded daily.

Lucera, Apricena, Molfetta, and San Marco in Lamis.—Naples, Sept. 21st: Cholera still active. On the last day of which a report had been received, 15 deaths had occurred in Apricena, and 17 cases and 7 deaths in Lucera.

Jaffa.—Aug. 31st: Cholera has disappeared from the town. No case for two weeks. The disease still exists, although not to a great extent, in some of the villages of the plain near the town. The first case occurred on the 1st of July in a small Greek vessel which arrived in the harbour from Alexandria. The captain was seized the day after anchoring, and died in a few hours. The next day a Greek was attacked in one of the crowded houses in the town. He died the day following. Other cases rapidly followed.

The total mortality from the disease from the 1st of July to the 8th of August was 580; and it was distributed amongst the different sections of the population as follows:—

Moslems...	332
Greeks	105
Greek catholics and Roman catholics	60
Armenians	6
Jews	57
Total	580

The population of Jaffa numbers 30,000 souls. A large proportion fled to the mountains almost immediately after the appearance of cholera. To this cause is chiefly assigned the comparatively slight mortality of the outbreak.

Damascus.—Aug. 28th: The pestilence is steadily increasing here.

	Deaths from all causes.	Deaths from Cholera.
Aug. 11th	21	4
12th	11	6
13th	30	16
14th	20	13
15th	32	25
16th	47	41
17th	27	23
18th	44	34
19th	41	30
20th	46	33
21st	63	40
22nd	66	48
23rd	53	40
24th	59	49
25th	68	62
	628	466

To the number of deaths registered as having arisen from cholera, one-third or one-half must be added to include the unrecorded cases surreptitiously buried.

Beyrout.—Sept. 3rd: Total deaths from cholera reckoned at about 1200. The people who fled to Lebanon escaped.

Smyrna.—The outbreak is almost at an end. The deaths from cholera were—on Sept. 2nd, 3; 3rd, 4; 4th, 5; 5th, 0; 6th, 1; 7th and 8th, 0: total, 13.

Constantinople.—Sept. 13th: Only a few isolated cases now occur. The number is so small that the official returns are no longer published.

Trebizond.—Aug. 25th: Cholera tends to increase. The exact number of deaths from the disease is not known. The malady is very fatal in the Circassian camp, which includes 1200 individuals, and is close to the suburbs. The camp is ordered to be removed to a greater distance from the city.

England and the Metropolis.

Two cases of epidemic cholera are reported in *The Times* o the 27th inst. as having occurred at Southampton. One a man, aged about thirty years, residing in Brewhouse-court, Brewhouse-lane, who died after thirty-six hours' illness; the other a woman, living in a different part of the town.

The deaths from diarrhœa in the metropolis during the week ending Sept. 23rd were 83. "It can hardly be said," remarks the Registrar-General, "that the number shows the slightest variation on any of the three preceding weekly returns. It also corresponds with the corrected average for the thirty-eighth week in ten previous years. Three deaths were referred to cholera: they occurred to two young children, and a boy aged fifteen years."

Precautionary Measures.

A deputation of the Council of the Epidemiological Society, consisting of Dr. Milroy (president), Dr. Babington, Dr. Waller Lewis, Dr. Camps, Mr. F. J. Burge, and Mr. Radcliffe (hon. secretary), had an interview with the Lord President of the Council, at his residence in Bruton-street, on Monday last. The deputation submitted a memorial to the Lord President on certain precautionary measures which the Council of the Epidemiological Society think that it would be advisable for the Government to institute at the present time. The memorial sets forth that, with respect to any endeavour to exclude epidemic cholera by the system of quarantine such as was formerly practised in this country, and as it is still adopted and being carried out at the present time in all the Mediterranean seaports, the experience of the visitations in 1832, 1848, and 1853 appears to show conclusively that no reliance whatever can safely be placed upon it to keep off or avert the pestilence. Moreover, while the adoption of quarantine serves to give delusive hopes to the public mind, it generally leads to the unwise postponement of those internal measures of local improvement which afford the surest defence against the dangers of the assault. Sanitary precautions within a place are far more important than sanitary cordons without.

While discountenancing, then, the practice of an enforced detention and segregation, for a specified number of days, of all arrivals from an infected country—irrespective of the condition of the vessels themselves and of the persons on board, whether the former be thoroughly clean and airy, or foul, close, and crowded, and whether the passengers and crew be sick or quite healthy,—the Council of the Epidemiological Society are, at the same time, strongly of opinion that the interests of the public health require that an efficient sanitary supervision should be exercised in all our chief sea- and river-port towns, and that the most beneficial results not only to these places themselves but to the country generally may be expected, on the threatened advent of an epidemic, by the timely adoption of such a precaution.

The memorial next proceeds to state that, in the successive visitations of cholera in this country, the disease always manifested itself first on or near the sea-coast, and in some large busy port.

Again, besides the marked tendency in epidemic cholera to appear first on, or near to, the coast, it is also to be observed that many of our seaport towns have suffered with unusual severity in more than one of the visitations—witness Newcastle, Sunderland, and Hull; Glasgow, Liverpool, and Bristol; Plymouth, Portsmouth, and Southampton; Sheerness and London. The damp, low sites of the worst parts of these towns, always in the vicinity of their harbours and docks (which are in themselves often prolific of malarious effluvia), together with the filthy and crowded dwellings to which seamen generally resort, and their reckless intemperate habits, cannot fail to aggravate other sanitary evils, and greatly to increase the predisposition of a maritime population to epidemic influences. The unfavourable state of the health, too, amongst the crews of many merchant ships upon their arrival, in consequence of the neglect of hygienic precautions during the voyage, renders them peculiarly susceptible of a poisonous atmosphere in the port; and there is good reason to believe that, on several occasions where the earliest cases of an epidemic disease have occurred amongst persons recently arrived, this has been due rather to the cause just mentioned than to those persons having imported the disease from abroad. In the case of river-ports becoming infected, the disease, from its tendency to follow the line of water communication, has often been observed to make its way thence upward into the interior of a country.

In view of these considerations, the Council of the Society express the opinion that it is highly desirable, for the welfare of the kingdom generally, that a sanitary inspection be made of the principal seaport towns to ascertain their actual condition, more especially of their harbours, docks, shipping, dwellings for seamen, &c., and with the view of discovering what provisions or arrangements exist for the reception and treatment of cases of sickness in ships upon their arrival from abroad, in the event of the cholera making its appearance in the port.

THE APPROACHING SESSION OF THE OBSTETRICAL SOCIETY OF LONDON.—At the first meeting of this Society, which will be held on Wednesday next, the original cephalotribe used by the inventor, M. Baudelocque, and recently presented to the Society by Madame Petitjean, will be exhibited.

THE CATTLE PLAGUE.

IN a previous article (THE LANCET, Sept. 2nd, 1865) it was mentioned that sheep occasionally suffer from the epizootic which is now prevalent amongst our horned cattle. Unhappily, the disease would now appear to have extended to the sheep in this country; and an order in Council of the 22nd instant directs that the instructions already issued for the suppression of the epizootic amongst cattle shall also apply equally to sheep.

Attention was first directed to this new development of the epizootic in a recent communication to the Privy Council. An outbreak of the prevailing malady had apparently taken place on a farm, in a remote part of Norfolk, in consequence of cattle having been in contact with some diseased lambs recently brought to the premises. Professor Simonds was instructed to investigate the circumstances under which the outbreak occurred. He visited the farm, and reports that the disease affecting the lambs is identical both in symptoms and post-mortem appearances with the cattle plague. The lambs were brought to the farm on the 17th of August. Within a day or two several of the animals became ill. On the 24th, two were placed in a shed for treatment, in which afterwards a cow was put. This animal was the first of the cattle on the farm seized with the plague. The symptoms became apparent on the 7th of September, ten days after the last exposure to the diseased sheep. The other cows were milked night and morning in a yard, separated only by some old furze faggots from an enclosure in which the lambs were folded from the 27th to the 28th of August. While in this enclosure three of the lambs died. On the 11th of September a second cow was attacked, and by the 16th all the cows on the farm (six in number, a heifer, and a calf) had died from the malady.

When Professor Simonds visited the farm on the 22nd of September, forty-six of the lambs had either died from the disease or been killed, and twenty-seven were in a precarious condition. "The whole facts of the case," he says, "leave not the least doubt of sheep being liable to the disease termed the cattle-plague, and that when affected they can easily communicate the malady to the ox tribe; and, moreover, that when so communicated, it proves equally as destructive as when propagated from ox to ox in the ordinary manner. The case," he adds, "is also more important from having occurred in a place no less than fourteen miles distant from any other where the cattle-plague exists, thus placing beyond a doubt the fact of the malady being introduced among the cattle by the sheep alone."

Unfortunately this is not a solitary case of sheep being affected by the prevailing epizootic. Professor Simonds states that the disease has also broken out among a flock of 2000 lambs on the estate of Mr. J. R. N. Harvey, M.P., at Crow's Point, near Norwich. In this case the plague is believed to have been communicated to the lambs by recently purchased cattle, which were pastured with them at the time the malady appeared, and which afterwards died of it.

A very able report on the pathological appearances and conditions "of the cattle affection, with rinderpest and other forms of epizootic diseases" at present prevailing among the cows in Edinburgh, prepared at the request of the local authorities, has been presented to the Lord Provost and magistrates of that city. An abstract of the more important portions of this report is subjoined.

1. *Windpipe and Lungs.*—The entire mucous membrane lining the respiratory passages reddened and highly vascular, presenting the appearance seen in the very early stage of acute bronchial catarrh. The membrane is entirely free of the aphthous eruption which appears in the mouth; and very rarely are there any indications of an effusive or depositive inflammatory condition. The air-cells of the lung, in uncomplicated cases, are healthy.

2. *The Mouth, Pharynx, and Gullet.*—The appearance presented by the mouth is characteristic. The gums, lips, hard and soft palates, under surface and root of upper surface of the tongue, the superior surface of the epiglottis and epiglottic folds of membrane, and the pharynx, are marked, to a greater or less extent, by an aphthous eruption. This condition has

been termed "ulcerous," but we have repeatedly shown that the subjacent membrane is entire. It enters the pharynx, but is not at all found on the gullet or air-passages. It occurs in only one other situation—namely, on the vulva. The gullet itself exhibits no trace of disease.

3. *The Stomachs.*—The first and second stomachs are generally loaded and distended with undigested food, which indicates their suspended function. No observable change of structure is apparent in either organ, and their lining membranes, as in other portions of the alimentary tract, are not reddened and congested. It is in the third stomach, or omasom, that the first marked changes of structure occur. These consist of irregular circular patches varying from the size of a pin-head to a crown-piece. They are characterized by bright-red or scarlet margins, which in the larger patches enclose a central portion of the dirty-yellow and somewhat gangrenous colour. These very remarkable appearances are not invariably present, and have been met with in only one-half the animals dissected. They are found on the gastric folds or manyplies, and occur at varying intervals. The central portion of the patch is slightly depressed, friable, quite bloodless, and the papillæ on its surface are shrunken, especially towards the middle; but there is not any breach of substance. The spots are found in every stage of advancement, and pass through the following changes:—A single papilla is first attacked, and its vessels become extremely congested. The congestion quickly extends to the neighbouring papillæ, and as the circle widens those first affected entirely lose their vascularity; hence their vitality is destroyed, and death proceeds from the centre towards the circumference. The bright colour of the outer ring, as determined by the microscope, is due, not to ecchymosis, but to the confluence of the congested papillary vessels. The knowledge of this fact explains at once the sharply-defined marginate character of the patches and their mode of extension.

The author of the report here points out a double error into which many observers have fallen. The superficial membrane of this stomach, which so readily peels off in sheets, and so found adhering to the plastic surface of the food with which the stomach is usually found distended, is not, as often represented, a diagnostic mark of the disease. Neither is it the mucous membrane, as supposed, that shows so much facility of being removed. It is the epithelial layer which is cast, and the subjacent mucous membrane is left perfectly intact. This change is constantly going on in health, and the membrane can be removed with like facility from the folds of the third stomach of a freshly slaughtered perfectly healthy animal.

It is in a very special manner the mucous lining of the *fourth stomach*, or abomasom, that suffers from the inflammatory change, if such a term can be applied where there are no inflammatory products. The morbid condition appears earlier in some portions of the membrane, but eventually every part is involved in the destructive process. In the earlier stage of the disease the membrane is reddened only a little deeper than in health, but deepens as it advances, and towards the termination is dusky red with interspersed claret-coloured patches. The latter condition indicates a more, perhaps the most, advanced stage of morbid degeneration of mucous tissue.

The membrane, on more careful inspection, presents the following deviations from health. Firstly, its vital attachment to the muscular coat is generally loosened, and at many parts destroyed. Secondly, it is soft and friable, easily breaks down under any pressure, and, where the change is furthest advanced, peels off as if cohering mechanically to its submucous connexions. Cracks and abrasions are thus readily formed, which have been mistaken for ulcers. Thirdly, the epithelium of the entire membrane is deficient and imperfect, and at many parts quite absent. Fourthly, the high colour of the tissue, as microscopically determined, is due, not, as has been stated, to submucous or intramucous extravasation, but to vascular congestion in its most extreme form. The vessels being distended to their limits are greatly enlarged, but without rupture or dispersion of their contents unless artificially produced. Fifthly, in some instances, generally in stomachs of animals examined a few hours after death, some small ulcer-like depressed abrasions have been found. These are not true ulcers, and do not penetrate beyond the epithelium. In other instances, black spots, without breach of surface, and evidently due to pigmentation, were met with.

4. *The Intestines.*—Passing from the abomasom to the lower bowel, the latter is seen to participate in the changes already described, although not to the same extent. The lining membrane of the whole of the intestine is in a state of nearly uniform congestive vascularity, resembling the condition existing in the muco-enteritis of cattle. It is the minuter vessels in the smaller intestine that are mostly injected. These are well seen by the naked eye in the various arborescent forms of their numerous and intricate reticulations. In the large intestine, on the contrary, it is the considerable vessels that are mainly and in a higher degree affected. This imparts to the gut a peculiarly striped aspect. This vascular engorgement increases towards the terminal portion of the canal, and the mucous folds of the rectum exhibit the tumid and deeply-purple appearance of internal hæmorrhoids. The whole mucous lining of the bowels is unduly soft, and its epithelium imperfect. There are no true ulcerations, and in this respect its condition differs broadly from the ulcerative typhoid of man. Not unfrequently a viscid fetid mucus covers the membranous surface. The bowel is usually empty, or its contents are fluid and slimy, but not sanguineous; sometimes there is (as first pointed out by Mr. Scott) a discharge resembling the "rice-water" stools of cholera. The ileo-cæcal valve is, as regards function, healthy; but its lining membrane, as also that of the cæcal appendage, is involved in the general hyper-vascularity. There is no sloughing or invagination of the bowel, nor any desquamation of its mucous surface in the form of caste.

5. *Glands.*—There has been much discussion as to the condition of the intestinal glands. I have repeatedly had occasion during the dissections to show that they did not share to any marked extent in the altered condition of the membrane with which they are so intimately connected. They are less prominent, and their outline is obscured by the discoloration of the superjacent membrane. They are never ulcerated, but a chronic tuberculous condition of the solitary glands is of frequent occurrence. This is commonly met with in healthy animals, and is not significant of any particular form of disease. The mesenteric glands show no lesion of structure. They are bloodless and shrunken, and their lacteal vessels are generally empty.

6. Many of the pathological appearances present in the diseased organs are not peculiar to this malady, and are not distinctive. Thus, e. g., the state of the bowel in the muco-enteritis of cattle closely resembles that presented in this disease. The condition of the bladder and uterus is such as occurs in all congested states of these organs. The heart, liver, kidneys, and spleen may be regarded as functionally healthy. They are in the condition which results from exhausting disease of any kind; while the lining membrane of the air-passages exhibits the morbid change which occurs in acute bronchial catarrh. We must not omit to mention an invariable and characteristic feature of the disease—namely, *the smell of the diseased parts*, and especially of the abdominal viscera. The odour once experienced can never afterwards be mistaken: it is peculiar and distinctive. As to complication, a proportion of two-thirds of all the animals examined were affected with pleuro-pneumonia.

The parts not yet examined are the brain, spinal cord, and udder.

CORONER'S INQUEST: ALLEGED DEATH FROM UNSKILFUL TREATMENT.

AN inquest was held at the Adelaide public-house, Adelaide-street, Dereham-road, Norwich, on Wednesday, the 26th of July last, before S. H. Asker, Esq., Deputy Coroner, on the body of Mrs. Elizabeth Marsham, wife of Thomas Marsham, gardener, residing in West-end-street. The deceased, it appeared, was confined on the 3rd of July, and died on the 21st. She employed as her accoucheur Samuel Matthews, a "medical botanist," who, although not possessing a diploma or licence, has received a certificate of having attended some lectures on midwifery, delivered by Dr. Frederick Bird.

An inquiry had been held previously, and a post-mortem examination made by Charles Williams, Esq., surgeon. The evidence of the several witnesses, as given at that inquiry, was then read, and an opportunity was afforded to Mr. Sharpe, a solicitor, who appeared on behalf of Mr. Matthews, to cross-examine each witness who was present.

Mary Ann Thompson said deceased was her niece. Deceased was confined on the 3rd of July, and was attended professionally by Mr. Matthews, who delivered her of the child. The child was dead. Mr. Matthews had told her he was obliged to kill the child to save the mother; but that all besides was right. Before the birth of the child witness had told Mr. Matthews that she believed he wanted help. He

said, if it were for my satisfaction he would send for help; but that if twenty men came he should do his work. He sent first for Mr. Orris, who could not come, and afterwards for Mr. Wolterton. When Mr. Matthews had made deceased comfortable witness left, and did not again see deceased till the following Friday. Deceased then complained of being ill, and said she was very sore. Witness then found, on examination, that deceased was not doing well. She, upon that, told the nurse and the mother of deceased's husband that a surgeon ought to be called in. Witness afterwards saw deceased several times previous to her death on the 21st of July. She was not doing well. At the time of the delivery witness saw Mr. Matthews use instruments. She did not know the nature of the instruments, but those used were very large. Witness considered the child to be overgrown. Mr. Matthews had told her that he was obliged to lose one or other (the mother or the child). The labour lasted from nine in the evening of Sunday, the 2nd of July, till half-past four of the following morning.

Mary Ann Chambers said she was a nurse, and attended deceased during her confinement. Deceased had a bad time. Witness went to the house between six and seven o'clock on the evening of Sunday, July 2nd. She thought if there had been another doctor called in instead of Mr. Matthews, deceased's life would have been saved. Witness asked Mr. Matthews, at ten o'clock, if all was going on right; and he replied "Yes." Mr. Matthews used two sorts of instruments. Witness asked him the reason of a discharge from deceased, and he told her that one of the "prongs" had touched the inside of the body. Afterwards I found several pieces of skin. Deceased could not keep anything in the system. Witness thought from the first that deceased would not recover from the force of the labour. She had seen instruments used, but not of the sort used by Mr. Matthews. When the instruments were used they were bound round with a handkerchief. Mr. Matthews put his knee against the bed, and pulled with great force, so that the instrument snapped together. The child was a very large one; it appeared to be more like a child three or four months old. Witness saw deceased three or four days before her confinement, and deceased then said she did not think she should get over it. The child was still-born. The head was born whole, but it had marks of the instrument upon it. Witness attended deceased a fortnight; but then left owing to her being ill. Witness added to her former deposition, that deceased and her husband were quite satisfied with Mr. Matthews' conduct. It was hard work to keep deceased on the bed. I have seen instruments used, but not like those used by Mr. Matthews. I saw deceased a day or two before her confinement. She did not complain of being ill. There was not much loss after her confinement; and none after a day or two. The head of the child was born *whole*. She suffered much. She could not move in bed. All she took, and she took a great deal, passed through her directly. I left her at the end of a fortnight.

Mr. Wolterton's evidence was that, in accordance with a wish expressed by Mr. Matthews, he, with Mr. Matthews, saw deceased on Sunday, the 9th inst. He had been sent for at the time of the birth, and was on his way to the house, but before he got there received a message that the child was born. When he saw her, he thought deceased was at great risk from exhaustion; her pulse was very feeble. He prescribed a tonic for her. In his opinion deceased died from exhaustion.

Samuel Matthews, of Dereham-road (not sworn, and after having been cautioned), stated voluntarily: I was called to attend deceased in her confinement on Sunday, the 2nd inst., at about eight o'clock in the evening. The neck of the womb was about the size of a penny. I was with her till about ten o'clock, when it was about the size of a small teacup, and the membranes were ruptured at that time. The labour went on slowly till about twelve o'clock; then the pains became excessive, the os uteri being fully dilated, and the pulse quick and feeble. I was afraid of her strength running down. I applied the forceps, and continued doing so for about half an hour. Finding she did not make much advance, I sent for Mr. Orris. I waited for half an hour. I then sent for Mr. Wolterton; he did not arrive at the house. The pelvis was small; the child very large. The difficulty increased in consequence of the face presenting to the os pubis. The patient was very irritable, and plunged about a great deal. I did all I thought proper in the case. I have been in practice five years, and have attended six hundred cases. I never before lost a case. The instruments I used were short forceps; they formerly belonged to Mr. Wolterton.

Mr. Charles Williams, surgeon, of Norwich, deposed as follows:—On the 22nd of July, at four in the afternoon, I made a post-mortem examination of the body of the deceased, who was stated to have died at two o'clock A.M. on the previous day. I was assisted by Dr. Beverley. The body was that of a well-formed woman, though spare; it was pale, but not of marble whiteness. There was no sign of decomposition on the anterior aspect of the body, except in the iliac regions, where the skin was of a green colour. There was a patch of plaster on the left hip, but no bruise or sore beneath. On the right hip was a slough the size of a five-shilling-piece. The abdomen was flaccid and rugous, as of a woman recently confined. There was no bed-sore or slough over the sacrum or shoulders. The cuticle on the upper and front part of both thighs had peeled off, leaving the skin beneath of a mottled-soap colour. An offensive odour proceeded from the vagina. On separating the thighs and nates, a large and deep opening presented itself. Not a vestige of perinæum could be seen. The opening consisted of vagina and rectum laid into one. The interior presented ragged sloughy surfaces, from which portions of sloughy tissue were hanging and could be easily detached. The whole had a dirty ash or grey colour, and fetid watery discharge was issuing therefrom. The sphincter ani had sloughed away. The labia majora were in a state of mortification, and had the appearance of being much bruised. The opening measured five inches from the tip of the coccyx to the arch of the pubes. The whole of the mucous membrane of the vagina seemed to have sloughed away, more especially the posterior wall, which consisted of an extremely thin delicate membrane—the anterior wall of the rectum; it terminated below about half an inch from the anus. About three or four inches within the vagina the os uteri, in a sloughy condition, could be seen. On removing the uterus, the os was found to be as large as a half-crown; its external surface was in a state of gangrene; and there were several lacerations upon it, which did not extend deeply into the neck. The uterus itself had a greenish appearance; it was neither ruptured nor lacerated, but was flaccid, and the size of the palm of one's hand. Its mucous membrane was rough, and of a dark-red colour. It contained nothing. The ovaries were healthy. There was no perforation into the abdominal cavity. The bladder was very friable, tearing away under the least pressure. Its mucous membrane was in a state of mortification, and could be separated most easily from the connective tissue beneath it. The urethra was not ruptured. The cellular tissue of the whole of the pelvis was of a dark-green colour, and watery. The pelvis itself was not deformed, and was in every respect normal as to shape and size; it was roomy; there was no undue prominence of the sacral promontory; and there were no tumours or exostoses anywhere about it. There was no peritonitis; no pyæmic abscesses on the lungs or liver: indeed, all the organs were of natural size and shape, and perfectly healthy. The cause of death was, in my opinion, due to inflammation and subsequent sloughing of the parts I have enumerated about the pelvis. The cause of such inflammation and sloughing was, the unjustifiable amount of force and want of skill in extracting the child.

Mr. Sharpe cross-examined at great length on the several points. Mr. Williams said his assistant, who was a duly-qualified apothecary and doctor of medicine, was present at the examination. He was not aware that any notice had been given to Mr. Matthews, or that any one had been requested to attend on his behalf at the post-mortem examination, nor had he (Mr. Williams) given any notice to Mr. Matthews of what he had found to be the cause of death. He arrived at the opinion that inflammation had been in the parts from the sloughing which he saw nineteen days after the labour. Sloughing was a subsequent form of inflammation, but he did not necessarily infer inflammation from sloughing. He considered sloughing to be the cause of death, from its being so extensive. Sloughing was the result of inflammation in some cases, but not in all. He had seen about thirty or forty difficult cases of delivery by instruments in the city while house-surgeon at the hospital, when he had been called in to consult with other medical men, and in none of these cases had he known death to ensue. From the evidence given, he should say that the instruments should not have been used; but much depended on the state of the mother at the time. When asked to account for deceased having lived nineteen days after delivery, Mr. Williams remarked that people live for a much longer time than that in cases of inflammation, but he had not known a case similar to that of the deceased before; such cases, happily, very rarely occurred. Inflammation was generally the primary degree, the commencement, after an injury, and if it went on to any high degree, gave rise to sloughing, which was the ultimate degree. It was hardly possible to have sloughing with-

out inflammation in such a case as that then before the jury. He could not speak of inflammation excepting as he inferred it from the sloughing. (Mr. Sharpe wished Mr. Williams to withdraw that portion of the evidence which ascribed death to inflammation, as it was only an inference, but Mr. Williams refused to do so.) He inferred that force had been used from the laceration of the parts, and from the evidence of the witnesses. He considered that the force exerted had been unjustifiable.

Elizabeth Brown said, on the Saturday previous to deceased's death, she went and sat up with deceased, who had a very good night. Deceased took a good deal of nourishment, and said she was better in the morning. Witness did not think deceased had been properly attended to by the nurse. Witness had been the mother of a large family, and was well acquainted with the circumstances attending labour.

Louisa Moore, who attended deceased as nurse during the latter portion of her confinement, said deceased suffered from diarrhœa during the whole of that time. Mr. Matthews gave medicine which stopped the complaint. Deceased could keep nothing in the system.

Thomas Marsham, the husband of the deceased, was then examined. He knew but little of the circumstances of the case, and said that he had been desirous of calling in a surgeon the day before his wife died, but could not obtain one. It was by deceased's wish that Mr. Matthews had been employed, and he was quite satisfied with Mr. Matthews' conduct.

The Deputy-Coroner then directed the jury on the law relating to the case. They were not to depend entirely upon the medical evidence; though there was no doubt that Mr. Williams had given his evidence in the best possible manner. It would be for the jury to consider what the words used by Mr. Williams—which were very strong—meant. He (the Coroner) thought they were capable of two interpretations. It was for them to say whether, as stated in the evidence of one of the nurses, diarrhœa was the cause of death, and in connexion with that he asked them to bear in mind Mr. Wolverton's opinion. The question in the first place was, had the deceased died a natural death? or, in other words, did she die from exhaustion, as one medical witness asserted? The next point to consider was whether Mr. Matthews used more than necessary force, and was he justified in using instruments at all in the case. There was no doubt the case was a very difficult one; all the witnesses were agreed on that point, and Mr. Wolverton, who was called in, said he thought the woman was in great risk from exhaustion. If they thought Mr. Matthews had used unnecessary force, and did not exercise a sufficient amount of skill, but should have called a professional man to his assistance, he thought it would be probably a case calling for censure, rather than anything else. There was another view which might be taken of the case, to bring in a verdict of manslaughter. But he did not think they would bring in that verdict; for the law was such that, if the case were sent to the assizes, it must result in an acquittal. The Deputy-Coroner then read the portion of the statutes which defined voluntary and involuntary manslaughter and deaths arising from the bad practice of a surgeon.

The room was then cleared, and after the jury had consulted about ten minutes, upon the re-admission of the public,

The Deputy-Coroner said the verdict of the jury was, "That the said Elizabeth Marsham died from difficult birth, coupled with great want of care, skill, and judgment on the part of the accoucheur;" and he added that he was directed by the jury to express their indignation at the manner in which the accoucheur had acted. There was no doubt that Mr. Williams' opinion was the correct one, and but for legal difficulties, and the statement of the husband of the deceased that he was perfectly satisfied, the verdict must have been different. The jury considered that the amount of force used was unjustifiable, and that Mr. Matthews should have made it his duty, when he saw the nature of the case, to procure the best medical assistance possible; but the jury thought it was more from a want of skill than from the employment of force that death had ensued. He trusted that would be a lesson to Mr. Matthews, and that he would give an undertaking never to practise in that way again. Mr. Matthews never ought, and he (the Coroner) hoped never would, attempt anything difficult whatever, without having with him a medical man.

Mr. Sharpe had put in a certificate of attendance at the classes of the hospital on Mr. Matthews' behalf, but the Coroner said they could not be taken into consideration. Mr. Sharpe then said he had expressed his opinion to Mr. Matthews, that in every case of instrumental labour some other qualified person should be called in. And in that case, as they were aware, he had sent for assistance when he found the labour was difficult; but, it being in the middle of the night, it was no easy matter to secure the services of such a gentleman. He thanked the Coroner and the jury on Mr. Matthews' behalf for the manner in which the case had been conducted, and withdrew.

The inquiry then terminated, after a sitting of two hours and a half.

Correspondence.

"Audi alteram partem."

LIEBIG'S EXTRACT OF BEEF AND FOOD FOR INFANTS.

To the Editor of THE LANCET.

SIR,—On the 8th and 29th of July there appeared in your journal two letters from Dr. Hassall relating to some preparations which have attained to considerable popularity, due partly to their own great merit, and partly to the fact of their being associated with the name of my friend, Prof. von Liebig. In these letters Dr. Hassall appears to have fallen into several serious misconceptions concerning the object and the best mode of preparing these articles of food, and the expectation of seeing these errors pointed out by an abler hand than mine is my excuse for the delay in addressing you on the subject.

The first letter concerned itself mainly with the so-called Liebig's Extract of Beef. This preparation is no novelty. The process for its production was published first in Liebig's "Chemistry of Food," a work long since out of print, and was again repeated in the "Letters on Chemistry." It is only recently that the idea of carrying out the process in countries where meat is nearly valueless, has so far reduced the price of the extract as to bring it prominently before the notice of the public.

The object which Liebig had in view when devising this preparation was to extract from the meat and preserve in a portable form just those constituents of the meat which distinguish it as a diet from vegetable food. Fibrin, gelatine, albumen, fat—all have their dietetic representatives in the vegetable kingdom, and were therefore excluded from the extract. Accordingly, when vegetable food containing the equivalents of these substances is mixed with a certain proportion of the extract of meat, it is converted, so to speak, into animal food. The extract gives flavour to the food and tone to the stomach. Its value does not consist in supplying matter to the body, but in rendering digestion and assimilation possible in cases of debility. It contains no albumen or protein matters. How then is it possible to ascribe to it any nourishing quality, or to compare it with flesh or other food? Dr. Hassall has expended much science and arithmetic to prove that one pound of extract does not contain the same quantity of nitrogen as thirty-two pounds of beef (about the quantity used for a pound of extract), and comes very naturally to the conclusion that the extract does not represent as a food the meat from which it is derived, and that a man who ordinarily consumes two pounds of beef would starve on an ounce of the extract. All that Dr. Hassall says is perfectly true—indeed it is so obviously true as hardly to be worth saying at all.

But this transparent truism is not a fair criticism upon extract of beef. He condemns this because it will not do what it was never intended to do, what it was never pretended it would do, and what it is obviously incapable of doing. A bundle of osiers will produce a certain quantity of salicine, and this salicine is capable of imparting the bitterness and certain medicinal qualities of the willow to other vegetable matter; but it would be absurd to find fault with the salicine on the ground that it is useless for wickerwork, or to enter into elaborate calculations to prove that one ounce will not make a hamper. It may perhaps be alleged that certain ignorant dealers have tried to make out that the extract of beef is a perfect condensation of the meat. They may have made this assertion for aught I know, and they may have found a few simpletons to believe them. Liebig has never suggested anything of the kind; and it is a pity that Dr. Hassall, by not mentioning any dealer who made this preposterous assertion, should by implication have charged Liebig himself with it.

In the letter of July 29th Dr. Hassall has investigated the

other preparation, known as "Liebig's food for infants." The chief object of this letter is, apparently, to prove that the original formula of Liebig is open to considerable improvement, and that this improvement consists, first, in finely grinding the malt; and, secondly, in previously submitting the wheat-flour to the action of heat, so as to convert the starch into dextrin. In both these recommendations I believe Dr. Hassall to have erred.

Long experience in the use of malt has taught the brewers far better. They never use malt finely ground, because it does not produce in the mashing process a thin clear sweetwort, but a slimy gelatinous liquid. This is owing to a substance contained in the malt and barley the properties of which are something between those of starch and cellulose. When the malt is coarsely ground this slimy matter does not dissolve to anything like the same extent, and this is the reason why Liebig insists so strongly on *coarsely*-ground malt. In Germany the manufacturers of this food use malt ground in a coffee-mill, without separating even the husk by a sieve; and this plan is found to succeed excellently.

The previous baking of the flour has for its avowed object the conversion of the starch into dextrin. Now this conversion requires a rather higher temperature than is generally supposed, and, when accomplished, it is at the cost of the partial destruction of the gluten, which, as the blood-forming element, is a serious matter. A few experiments will illustrate this.

1. If bread made from wheat-flour is digested with distilled water for an hour, the clear filtered liquid, when mixed with a solution of iodine in iodide of potassium, produces a blue colour with a slight tinge of red. Therefore, wheat-flour baked in the *moist* way has its starch-globules burst, but does not contain dextrin, or at most only a trace. (The colour produced by dextrin with iodine is blood-red.) The quantity of dissolved matter is also very small, not exceeding ½ per cent. of the bread.

2. Common unbaked wheat-flour, treated with water in the same way, furnishes a liquor which produces with iodine a slight red colour and precipitate.

3. Wheat-flour baked at 248° F., digested with distilled water, produces the same reaction, not stronger than the unbaked.

4. Wheat-flour baked at 266° F. presents precisely the same reaction as in Experiment 3.

5. Wheat-flour baked at from 285° to 300° F. becomes yellow, and the coloration with iodine increases (dextrin begins to be formed); but while the flour is becoming yellow the gluten is undergoing alteration.

Dr. Hassall has made an analysis of a food to which in the ordinary course of business he has given a testimonial, and in which he says his recommendation of finely-ground malt and baked flour has been carried out.

This analysis must have been a very careful one, for the per-centages added together come to exactly 100. He says:—

"That the action of the diastase on the starch is very considerable is amply proved by the following analysis:

Uncooked Food.

Albuminous matter ...	9·25	grains per cent.

Dried Cooked Food.

Albuminous matter ...	15·84	grains per cent.
Fatty matter	8·49	,, ,,
Sugar or glucose	37·73	,, ,,
Sugar of milk	10·90	,, ,,
Dextrin and starch ...	27·04	,, ,,
	100·00	

It will be observed, by an examination of the above figures, that a very large proportion of the starch has become converted, in the course of the preparation of the food, into sugar."

By the cooked food I imagine Dr. Hassall means that to which milk has been added, and from which all the water has been evaporated; otherwise it is difficult to account for the presence of fat, sugar of milk, and an increase of albuminous substances. When malt is submitted to the mashing process, about one-third remains behind in an insoluble form; but in this analysis—which is, I presume, that of the "improved food," in which the whole of the malt is in the state of flour—there is not one per cent. of insoluble matter. This, again, is another reason why Liebig has directed the malt to be coarsely ground, that the indigestible matters in the malt may not pass into the food.

It is very remarkable that Dr. Hassall should have wholly overlooked the importance of the addition of the potash in Liebig's prescription. One might almost say that the full effect of nourishment is dependant on the presence of this alkali. It is certain that a child fed for any length of time on a food in which potash is absent would not thrive. On this account I am rather surprised to find this substance wanting in the analysis. If the analysis really indicates the composition of the food, the food must be worthless. Where is the potash? Where the phosphates? Where the lime? Where any inorganic constituent? There is no margin left for "loss" where these matters might be squeezed in. Everything has come out so beautifully exact (just to 100) that it is clear that no inorganic constituents can have been present; yet they are never absent in wheat-flour, and are not sufficiently volatile to be dissipated in the process of cooking. A child fed on a food with the composition indicated by "the above figures" would become feeble and rickety, to say the least. And in many important respects it does not represent the composition of the human milk in the way that Liebig has succeeded in doing with his *unimproved* food.

Dr. Hassall very properly recommends the use of a thermometer when using the *improved* food. The *unimproved* food does not require it. It is its own thermometer. It is directed to be heated with milk-and-water until it thickens, and then to be removed from the fire and stirred for five minutes. At about 150° F. the starch-granules burst, and the food thickens; and this is precisely the temperature favourable for action of the diastase, so that if it be removed from the fire as soon as thickening takes place there is no chance of making a mistake even without a thermometer. Dextrin does not present the same phenomenon as starch, so that if the starch has been converted into dextrin a thermometer will be necessary.

I need hardly remind your readers that Baron Liebig has no pecuniary interest either in the extract of beef or the food for infants. He has spent much pains in bringing these matters to perfection, and has given them freely to the world without the least desire to benefit himself. It must be very vexatious for him to find that in the one case the object of his invention is misrepresented and condemned, and in the other that the principles he had elaborated are set at nought, his formula turned inside out, and spoiled under the guise of improvement, till scarcely anything is left but his name, which is retained unaltered and unimproved because it is found to have a favourable influence on the sale of the food.

I am, Sir, your obedient servant,

W. STEVENS SQUIRE, Ph.D., F.C.S.

Oxford-street, Sept. 1865.

THE VESTRY OF ST. GEORGE-THE-MARTYR.

To the Editor of THE LANCET.

SIR,—I believe it is held that no assailant, however bad his grammar, however loose his composition or his "facts" may be, should, *as a rule*, remain without an answer. You have ennobled "A St. George's Vestryman" by giving him a place in your columns under the "Audi alteram partem." Upon this ground permit me to reply. I do not answer to him personally, for I believe, if he is really a St. George's vestryman, that he knows the truth already, and I submit it is not as he has ventured to state it. I almost think, Sir, that I recognise the bad grammar and loose facts; the first may be merely a question of education, but the last is inexcusable in a man who professes to stand forth as a leader in religion. If I am right in my conjecture, the writer is he who, when I brought a tale of sorrow, of widowhood, and of death—death upstairs and down, death of husband and mother, and sickness of all the children,—did not deny the facts, but pronounced it all a "mare's-nest." If I am right, Sir, he is not worth your consideration or mine, for he has insulted you with coarse words upon your errand to St. George's Workhouse, as he has insulted me in this matter. If the writer is the man I mean, his duty is to shrink back to his proper place; he hinders good work where he is.

I wish to stand well with the honourable profession to which I belong; for this reason, and for truth's sake also, I beg space for my reply to this nameless vestryman of St. George's. I am afraid he does not know the real state of affairs in his own parish; he certainly does not, if he persists in saying that my statement is exaggerated. He neither denies nor disproves a single stated case! He seems very foolishly to take me for a sort of "Bogie;" and after writing of me in such a way, that

if it were true I ought to be shut out from all good society, he asks me to confirm a statement of his; as if my testimony could be of any value, if his concerning me were true. The policy of our vestry as to my facts and comments has for some time past been to bring me into hostile contact with the medical officer of health, and by this diversion to shield the really guilty party. This will fail, for, as I do not in any way look upon the medical officer as the guilty party, I never even attempt to make him responsible. A passage or two of mine in proof: "I don't like public bodies tacitly permitting a deficient organization, and then sacrificing their officers if anything goes wrong." "On the whole, the salaries in the parish have been considerably raised; that of the medical officer of health alone has been stinted and lowered. Not that the work is less; in such a parish as this it will ever be far a-head of any one or two officers' capabilities." "If the governing bodies are in earnest, let them arrange to have all needful information promptly, and pay honestly—I do not mean exorbitantly—for it. To expect work without pay from those you employ is to own that you expect the work to be shirked, done shabbily, or altogether neglected."* When I resigned my office, which I did for the only reason that if I attempted to do my duty I was incessantly bullied and harassed, I was, with an expression of sympathy from the medical officers of health, elected an honorary member of their association. I have not forfeited their good opinion, for I am now one of their vice-presidents. In my answer to Dr. Hillier are these words: "If I should be elected upon the vestry, I shall undoubtedly serve for the express purpose of seeing to and backing up the officer of health." The fact is, Sir, that an enemy has sown tares among my wheat, and Dr. Bateson has unwittingly aided in their cultivation. The Doctor has had two separate offers to name time and place for a quiet meeting, that he and I might understand each other and work together; but I and our friend have heard of no appointment.

Your correspondent talks of the enormous amount of sanitary work done. He puts me in mind of the man who excused himself as to the broken commandments, because he had, as he said, kept the others. You should see, Sir, the sanitary work, which is generally done slowly and unwillingly, and, for the most part, by jobbing and unskilful men. It is soon again out of order or to pieces. In the face of the people who inhabit our poorer and diseased places, the seed-places of disease in fact, the work should be done soundly and well, and on behalf of the local authority there should be an ever-recurring friendly supervision, as well for guidance as for pressure. I do not believe that one-tenth of the work done is thorough, or that it would pass with a skilful honest tradesman, or a reasonably good clerk of the works. Thus, the work ordered by the local authorities is a trouble to the people and a frittering expense to the small landlord; and all because we have not the staff to look after it. Half a man—i. e., half the time of one man—to look after about 3000 houses in one of the lowest and most diseased districts in London! This alone shows that the "Vestryman" who presumed to write to you, knows nothing of the district he professes to represent. But I think, if he is really a vestryman, that he knows I neither desire nor need the office of medical officer of health: I have so often stated and published it. Permit me to say so once more, and for the last time, in your columns. Does it not suggest itself to this "Vestryman," that if I desired the office, the last thing I should do, as a sensible man, would be to offend, as I have done, an overwhelming majority of those who would have to appoint me. I would not take office under a vestry for any salary that might be offered. But this I will do: I will stand up in vestry regardless of the "buffoonery, contemptible personality, or indignant snub," spoken of in *The Times* by our Mr. Bransby, and will use the knowledge which long practice, long study, and an intimate, and let me add, a friendly knowledge of our poorest people have given me, until a new spirit comes over the St. George's and other vestries, or until the local government shall be controlled or modified by a central power, such as is spoken of by Mr. Mill.†

Your correspondent is equally ill informed in saying that I did not possess the full confidence of the vestry. I certainly had their confidence and their respect; but a few strong and rich men there were not prepared for the work which *necessarily* came out of my office. The official communication from the vestry to me in connexion with my resignation altogether contradicts your correspondent. The vestry clerk expresses and underlines his "personal regret at the severance of our *official intercourse* after a three years, to him, of very pleasant association;" and the resolution of the vestry, which he handed to me with this courteous introduction, says, "The vestry accepts the resignation with extreme regret, and feels that it cannot do otherwise than express its high opinion of talent and valuable services." I can show this, and much more to the same effect, if the "Vestryman" will call, or send to my surgery any day, with an hour or two of notice. Of course, Sir, I feel flattered at such testimony, and I believe that what was said was meant; but where can the wits of your correspondent be that he did not know all this before he rushed into print.

As to the workhouse, that, I believe, Sir, was entirely your own affair—part of a plan begun before, and continued after, your visit to St. George's. While I was guardian I certainly did suggest two or three matters—e. g., baths, a more sheltered infirmary, and larger fireplaces for the children at Mitcham; and I observed a great willingness on the part of our guardians to carry out the suggestions. Once I recollect we adjourned, late in the evening, from the weekly meeting, to visit the "den of horrors," and that was one reason why we readily agreed to build new wards at considerable expense. One or two of the worst members of the vestry still leaven the board of guardians; with this exception they are all, I believe, feeling-hearted men. The same enemy no doubt expects in this to sow discord between me and the guardians (some of my best friends and fellow-workers are there), as he has succeeded in doing between me and the medical officer of health.

Your correspondent is at liberty to make as many general charges and insinuations as he likes, but if he is a true man he should see without delay to the long list of cases set forth in my "London Vestries" and in the *Builder* of Sept. 16th. If these are not enough, I can supply him with many more, and, amongst the rest, the addresses of 116 cases sent this year to the Fever Hospital from this parish, some three and four from a house. If my cases and the *Builder's* are false, I am sure your correspondent will be pleased to denounce them and me; *but if they are true*, I ask him, what then is his duty?—and I expect an answer, or the resignation of the office he so neglects or mistakes.

I am, Sir, your obedient servant,

Newington-causeway, Sept. 25th, 1865. WILLIAM RENDLE.

* London Vestries, pp. 21, 17, 22.

† Representative Government, p. 118, Popular Edition.

MULTIPLE FATTY TUMOURS.

To the Editor of THE LANCET.

SIR,—From the report of a case of Multiple Fatty Tumours by C. C. Richards, M.D., published in THE LANCET of the 17th of June last, p. 630, it appears that such instances are of unusual occurrence, and deserve publication for the information of the profession. I beg, therefore, to communicate a short account of a case of similar nature which occurred in my practice in the Government Charitable Dispensary of Rawul-Pindee in the Punjaub.

Mungah, a native of Poonah, in the territory of the Maharajah of Cashmere. He is a Mahommedan agriculturer, nearly forty years of age, and appears in good health, with the exception of the tumour, which is situated on the right gluteal region. His body is studded with berry-like elevations. There are several larger than berries, such as one on the left eyebrow, another on the left upper arm, and a third on the chest, &c.; in fact, he has a tumour diathesis.

The gluteal tumour was first noticed by him about twelve months ago, at which time it was about the size of a hen's egg, was unaccompanied with pain, and arose without his being able to assign any cause, gradually increasing to its present size, which rather exceeds the dimensions of a middling-sized pumpkin. The surface of the tumour has sloughed throughout its whole extent, probably from pressure of growth and friction of the surface. The sloughs were loose on the surface, and emitted a fetid odour. The tumour was irregular on its surface, not pendulous, but seemed imbedded in the soft parts of the gluteal region. In consistence it was hard and nodulated. The base was narrow in proportion to the bulge of the tumour, and was apparently attached to the integuments and cellular tissue covering the gluteal muscles. The skin all round was not healthy. No veins of any size were perceptible. No pain was felt on pressure. From its encroaching on the sacral spine it was thought to have some deep connexions; but that opinion was groundless, as no sign of paralysis was present.

On the 12th of March I removed the tumour by carefully dissecting it out from all its attachments, which did not ap-

pear to dip deeper than the gluteal muscles. The tumour weighed seven pounds, and was fatty. It appeared to originate from a nucleus which on section was hard and gristly. No vessels required tying, but the bleeding was suppressed by cold and pressure. The wound contracted and filled up without any untoward symptom. The patient was discharged on the 26th of April, when the wound was nearly healed.

He returned to the Dispensary nearly three months after, on account of a tumour growing again from the same situation, which burst open the cicatrix, and grew to the size of an orange without being covered by the skin. The skin all round its base was diseased. His general health being good, I excised the tumour on the 26th of July, and examined the wound to ascertain that the extirpation was complete. Bleeding at this time was more profuse than at first. The patient is under treatment, and doing well.

I am, Sir, your obedient servant,

J. WRITTON JOY BOSE,
Sub-Assist.-Surgeon.

Rawul-Pindee Government Dispensary,
July 29th, 1865.

UNIVERSITY COLLEGE AND HOSPITAL.

To the Editor of THE LANCET.

SIR,—Dr. Russell Reynolds writes to impugn the accuracy of a statement in the Students' Number of THE LANCET respecting University College and Hospital, which statement I believe to be correct. It was that "the principal medical officers must be professors in their respective colleges;" and Dr. Reynolds replies that only one of the physicians and one of the surgeons *lecture* in the College. This is perfectly true; but the fact still remains that the principal medical officers *are* professors in University College. I turn to Dr. Reynolds's name in the Medical Directory (corrected by himself), and I find that he is Special Professor of Clinical Medicine in University College and physician to University College Hospital; Dr. Hare also is stated by himself to be Professor of Clinical Medicine in University College and physician to the hospital; Mr. Quain, too, is Professor of Clinical Surgery in University College and surgeon to the hospital. In fact, it is impossible for a man to be a "professor" save in an incorporated *college*, as Dr. Reynolds ought to know. I say nothing of Mr. Marshall and Mr. Thompson, because their appointments are peculiar, since they have charge of out-patients as well as in-patients, and their names do *not* appear under the head of "Surgical Clinical Lectures," which are announced to be delivered "especially by Mr. Quain and Mr. Erichsen."

The latter part of Dr. Reynolds's letter is quite beside the question; for of course at University College, as at every other medical school, lecturers are appointed who have no hospital connexion; though his illustrations are not very happy ones, as the three first-named gentlemen have been made assistant-physicians since they were made professors.

In conclusion, I suppose Dr. Reynolds does not deny that in both University and King's the professorships of Medicine, Midwifery, and Surgery (and at the latter Anatomy and Physiology also) are combined with principal appointments at the respective hospitals.

I am, Sir, your obedient servant,

F.R.C.S.

Sept. 1865.

ON SYPHILIZATION.

To the Editor of THE LANCET.

SIR,—Professor Boeck, of Christiania, in his article on Syphilization published in your journal of the 19th of August, states: "It is well known, I believe, to the readers of THE LANCET, that M. Auzias Turenne is the author of this method, and that he found by making inoculations upon the lower animals that they gradually acquired immunity from the effect of the syphilitic virus, or became no longer inoculable."

From what I have read on the subject, I considered it to be a settled fact in physiology that the lower animals were not susceptible to the syphilitic poison, and that inoculation had been tried without having any effect in producing the disease in them. Mr. C. H. Moore, surgeon to the Middlesex Hospital, is evidently of the same opinion as myself, as in an article, "On the Antecedent Conditions of Cancer," read at the meeting of the British Medical Association held at Leamington, he states: "In looking round upon other known diseases as probable sources whence cancer may spring, we cannot but regard tubercle and syphilis as having a suspicious alliance to it from their manifest similarity in several pathological and clinical points." But suspicion is disarmed in the case of syphilis by the observation of cancer where syphilis does not occur—namely, amongst the lower animals. Perhaps Professor Boeck will kindly state if he has ever tried to inoculate any of the lower animals with the syphilitic poison, and with what effect.

I am, Sir, yours obediently,

JAMES GARDNER.

Dungay, Sept. 23rd, 1865.

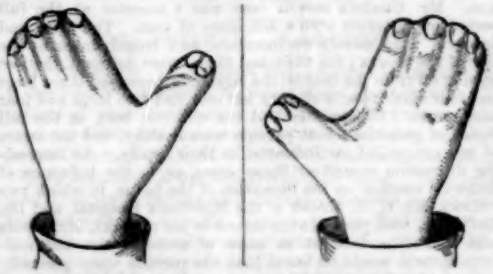
MALFORMATION OF THE HANDS.

To the Editor of THE LANCET.

SIR,—The following sketch of the hands of a child, differing remarkably from the normal type, may be interesting to your readers.

This very peculiar conformation has been transmitted by the male parent for three generations, the mother and grandmother of the child having well-formed hands.

The transmission of peculiarities of structure is a subject at present of considerable interest. This is a remarkable example of the permanency of an unusual conformation, and will be a useful instance for those engaged in the inquiry.



The fingers are webbed to the tips, the little finger having an extra nail.

The thumb is formed of three sets of phalanges in the right hand, in the left of two sets, webbed together; the right thumb being furnished with three nails, the left with two.

Each member forms a prehensile paw.

The child's father and grandfather had similar hands. The child is very active and intelligent. The little toe of the right foot is webbed to the next toe. Some (not all) of the brothers and sisters of the little boy have similar hands.

I am, Sir, yours truly,

JOHN HARKER, L.R.C.P.E. (exam.), &c.

King-street, Lancaster, Sept. 1865.

THE LIGATURE AND THE CLAMP IN THE TREATMENT OF HÆMORRHOIDS.

To the Editor of THE LANCET.

SIR,—Whilst the present controversy is going on in your journal with respect to the relative value of the clamp and ligature in the removal of hæmorrhoids, the following case may be worth recording in favour of Mr. H. Smith's clamp, the instrument I used in the operation.

Mrs. H——, the wife of a dairy farmer, was attended by me during her first confinement in the beginning of January, 1864. I found that she was suffering very much from piles, and she seemed very anxious to have something done for them. I suggested their removal in a few months' time, when she had got over her confinement. Accordingly I removed them on the 12th of July by the aid of Smith's clamp and the strong nitric acid. There were two of them, each about the size of a gooseberry. She went on well, and on the 15th her bowels were relieved, and there was then slight hæmorrhage. On the following day she was up and going about her usual work. She has not had any return of the complaint, and has expressed herself in grateful terms for the relief from the pain she used to suffer.

I remain, Sir, yours very faithfully,

A. L. GRIFFITH, M.D. &c.

Swindon, Sept. 7th, 1865.

NEWCASTLE-ON-TYNE.

(FROM OUR OWN CORRESPONDENT.)

SINCE my last letter typhus fever has become rather prevalent in our town, and during the past week the Fever Hospital has been receiving cases every day. The maculated forms are observed, stupor, and other cerebral symptoms setting in about the fourth or fifth day. The cases admitted into hospital have come from a low part of the town where sanitary measures have been much neglected.

The Newcastle and Gateshead Obstetrical Society held its last meeting for the present session on the 13th inst., at which there was a good attendance of members, and the papers and discussions possessed much interest. Mr. Richard Clarke related particulars, and exhibited photographs, of a case of malformation of the arm, and also of a curious case of monstrosity occurring in his practice. The first was one of arrested development in the upper arm of the left side with absence of the metacarpal bone of the little finger. The limb was considerably shorter than the right one, owing to the diminished length of the humerus, the elbow being situated near the axilla, and bound down partially by the insertion of the pectoral muscles. A point of interest in this case arose from the fact that the father's uncle had likewise been born with a short arm. Mr. Clarke's second case was a monster at the full period of gestation with a deficiency of ears. The arms and forearms were merely rudimentary, and bound down to the side of the thorax; the tibiæ and fibulæ were deficient, the feet coming off from the thighs; the right foot possessed three large and four small toes, while the left one had two large and four small ones. The mother had ten children born at the full period of gestation; both parents were healthy, and not aware of any congenital malformation in their family. An interesting discussion ensued on these cases, as to the influence of maternal emotion on the formation of the fœtus, in which two visitors, Mr. C. H. Moore, of the Middlesex Hospital, and Dr. Embleton, took part. In the course of his remarks, Mr. Moore said that "he thought in cases of monstrosities and malformations it would be found that the parents were generally persons of deficient vitality, as was evidenced by the rarity of cancer in such families, that disease, in his opinion, being significant of perfect organization." Dr. Embleton, who has paid much attention to teratology, as to the operation of maternal emotion as a cause of deformity, said "that the weight of evidence on either side was pretty fairly balanced, and that it was well not to come to a decision, but rather to leave it an open question; while the President, Dr. Dawson, was inclined to the affirmative side of the question, and he certainly related many striking instances which had come under his notice in support of that view. Dr. Wm. Murray related a case from his practice at the Children's Hospital, of a little girl, about five years old, in which an abdominal abscess bursting through the umbilicus had been discharging hair daily for some weeks. A quantity of the hair was exhibited to the meeting, and was examined with some interest in the discussion that ensued. On the motion of Dr. Donkin, a hearty vote of thanks was accorded to Dr. Dawson, who has filled the presidential chair during the session with sagacity, tact, and dignity, while his generous hospitality and social qualities have contributed in no small degree to the pleasure and success of the meetings.

Our ingenious townsman, Dr. White, reflecting on the great inconvenience and expense of bottles for holding the light wines now coming into general use, has invented and patented vessels for storing these wines, and for keeping them from air for an indefinite period. The vessel for table use is a vase of light and graceful form, from which any quantity can be drawn off without in the least injuring the remainder, as is the case with the bottles now in use. I think Dr. White's contrivance only requires to be known to be generally used. Any of the acid wines, with lemonade at one penny farthing per bottle, make an admirable domestic beverage for ladies and children, while in many febrile affections the medical attendant, who can allow his patient a drink of this kind, is sure to receive his gratitude and thanks.

Newcastle-on-Tyne, Sept. 25th, 1865.

THE CHOLERA IN THE SOUTH OF FRANCE.—The squadron in the Hyères Roads is ordered to sea, on account of cases of cholera which have occurred at the island of Porguerolles.

THE ALLEGED CASE OF CHOLERA AT SOUTHAMPTON.

IT would be premature to deduce the existence of Asiatic cholera in this country from the reported case at Southampton. From the information forwarded to us concerning the case we are justified in stating that it is exceedingly doubtful that it was other than a severe case of English cholera.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 21st inst:—

Bywater, Thos. Edw. Gaggs, Knottingley, Yorkshire.
Griffiths, Richard Samuel Pernell, Cheltenham.
Horsfield, James William, Sunderland.
Tilton, John Edward, Stonehouse, Gloucester.
Wood, Robert, Uttoxeter, Staffordshire.

REGISTRATION OF STUDENTS.—Considerable misapprehension appearing to exist in the minds of medical students and others as to the necessity of registration at the approaching session at the College of Surgeons, owing to the Council of Medical Education now for the first time requiring a personal registration by the student, a notice has been sent by the College to all metropolitan hospitals, stating that candidates for the diploma of membership of that institution studying at the medical schools and hospitals in London will have to attend personally as heretofore, and register at the College both at the beginning and end of the ensuing winter session. The first registration will commence on Monday next, and it will be necessary for *all* students, whether first, second, or three year's men, to produce all their hospital and lecture cards. Second and third year's students should take care to have their cards endorsed by the dean of their respective schools, unless new documents are issued, and to produce at the same time either a certificate of having passed a preliminary examination, or evidence of exemption therefrom.

HEALTH DEPARTMENT OF THE NATIONAL ASSOCIATION OF SOCIAL SCIENCE.—The committee of this department has held several important meetings in reference to the threatened epidemic of cholera, and are about to obtain the sanction of the Council to the issue of a series of resolutions suggesting precautionary and preventive measures. The subject of the cholera epidemic will also be discussed at the approaching meeting at Sheffield, when papers will be read by Dr. Gavin Milroy and others.

MEDICAL OFFICER OF HEALTH, BATH.—A special meeting of the Town Council was held on Wednesday, for the purpose of taking into consideration the propriety of appointing a Medical Officer of Health for the city and borough of Bath, when it was decided almost unanimously, there being but two dissentients, that such an officer be appointed. An amendment was proposed, but was rejected by twenty votes to two.

THE SURREY COUNTY HOSPITAL "IN MEMORY OF HIS LATE ROYAL HIGHNESS ALBERT PRINCE CONSORT."—The Surrey County Hospital is now finished, and receiving its furniture. The building is erected upon an undulation of the chalk formation, upon the northern escarpement of the ridge extending from Guildford to Farnham, familiarly known as the "Hog's-back," at a distance of about three hundred yards from the Guildford station of the South-Western Railway, which is the nearest building. It is constructed of a local sandstone, known as "Bargate," with red brick dressings. It abuts upon the road leading from Guildford to Farnham, in the midst of cultivated fields and picturesque scenery.

The building has a south and north aspect; its form may be represented by the letter H, having its northern limb dwarfed, the linear dimensions of which measures 73 feet only, whereas the southern limb has a similar dimension of 260 feet. This latter is composed of a central block and two wings. In the central block upon the ground floor are situated the entrance vestibule, communicating, through glass swing doors, with a spacious hall, the house-surgeon's, matron's, and porter's rooms. The east wing is assigned to the out-patients' department, consisting of an entrance vestibule leading to male and

female waiting-rooms, a dispensing room, medical storeroom, consulting room, and a private room for the use of the honorary medical officers. The board-room and chapel, with various storerooms, are placed in the west wing. The rooms of each wing have communication with the central hall, and with each other, by means of spacious corridors passing along the northern aspect of the building, from which they are lighted and ventilated by lofty windows. From these corridors in either wing there is a door opening into the grounds. From the central hall another corridor leads backward into the shorter limb of the H, in which are the kitchen, scullery, larder, tradesmen and servants' entrance-hall, and servants' living room, with convenient closets. In this corridor there is a lift extending from the cellarage below, which is very capacious, to the ward floor above. A commodious stone staircase commences from the central hall, and leads to the ward floor. In the centre of the landing there is a room opening upon a balcony, intended as a day room for convalescent women; right and left of it there are three wards, with a nurse's room and ward scullery. One of these rooms is a separation ward, with one bed for special cases, another with three beds, a third for general patients, containing twenty-three beds. Each of these latter wards is 92 feet long, 26 feet wide, and 18 feet 6 inches high, giving more than 1800 cubic feet measure of air to each patient. At the extreme ends of these rooms are large windows, opening out upon a balcony, and on each side there are projections from the main line of the building, but having direct communication with the ward. One of these is devoted to a bath-room and lavatory; the other, to waterclosets. These are so arranged that the entrance from the ward is into a corridor, having a through ventilation, effected by two opposite windows, out of which the waterclosets open. These wards have windows upon both sides, as well as at their extreme ends. By their means and open fireplaces, of which there are three, the ventilation is principally effected, although subsidiary aids of a simple character have been adopted.

Over the kitchen and servants' offices in the shorter limb of the letter H, are the operating-room, having a skylight, two wards for operation cases, with nurses' room, a ward scullery, and convenient accessories. On the top floor of the central block there are sleeping-rooms for servants. Standing in the grounds are two detached buildings, the laundry and dead-house. This hospital will afford accommodation for sixty, and, with some slight modification, for eighty patients. Furnished, it will have cost something over £15,000, exclusive of the value of the land, which was presented by Earl Onslow. The whole of this sum has been collected in little more than three years, in addition to several hundred pounds which have been bequeathed during the same period for the foundation of an endowment fund. The hospital will commence its action free from debt.

A bazaar was held in the hospital very recently in aid of the furnishing fund, which realised more than £2000 gross, and over £1800 net. Her Majesty the Queen has just graciously presented a bust of his late Royal Highness the Prince Consort to the hospital, for the execution of which Mr. Theed had received her Majesty's command, through Sir Charles Phipps. The architect is Edward Lower, Esq., of Saint Catherine's, Guildford; the contractor, Mr. William Barnes, of Nutfield, near Reigate.

In a short time the committee will have to perform a responsible and difficult duty in the election of a matron and house-surgeon, upon the exercise of whose discretion and experience will devolve the successful domestic, economic, and medical arrangements of the institution.

ROYAL COLLEGE OF SURGEONS.—The Library and Museum of this institution will be opened on Monday next.

QUACK ADVERTISEMENTS.—When every newspaper was obliged by law to bear an impressed stamp, journals that wished to startle the world with the extent of their sale pointed triumphantly to the Stamp Office returns. Now that the stamp is no longer obligatory, they invite their readers to inspect their private books wherein their circulation is duly recorded. It would be more to the edification of a curious public if they would permit access to their accounts of the sums they receive from a certain class of advertisements, excluded from every respectable London newspaper, but still admitted by decent country papers to an extent that is perfectly amazing. Two questions occur to the simple-minded reader when he takes up a chance number of these panders to imposture and extortion. What is the value of the fine principles by these professed best of all possible instructors? And what a frightful undercurrent of secret misery must be underlying the fabric of lower-class middle English life to make it worth the while of these wretched quacks to expend such enormous sums in advertising their abominable wares! A single sample will be enough as a specimen of the whole. The 460th number of a "respectable journal," published at a fashionable watering-place, invites the public to inspect its books and learn that its circulation is 4000 weekly. The paper consists of four ample pages, and one-third of the last page is entirely filled with advertisements of quack medicines, including no fewer than twelve of these infamous lures to the ignorant and the miserable. With characteristic pharisaism, at the head of the first column of this precious page appear several stanzas of washy religious verse; and on another page we find letters from correspondents, apparently sincere and well-intentioned, on ecclesiastical matters of present controversy. Can we wonder that while public opinion tolerates the existence of this festering sore in the heart of the people, foreign satirists should so freely denounce us as hypocrites and our national religion as a Sunday sham? And can we be surprised at the frequently recurring revelations of the worse than heathenism of the labouring population of our cities and our villages?—*Pall-mall Gazette.*

Obituary.

DR. GRABHAM OF ROCHFORD.

ANOTHER link in the chain that connects the present race of medical practitioners with the past has been severed. The subject of this little sketch, who was well known in the southern division of the county of Essex, and more especially in the Hundred of Rochford, where he practised, died on the 18th instant, after a long and honourable career. Born in the year 1794, near Bridgwater, Somerset, he was apprenticed, together with the late Mr. Wakley, to a medical practitioner at Taunton. This gentleman having left the country soon afterwards, young Grabham completed his term with Mr. Leroux, a surgeon at Clifton, and at the same time became a pupil of Mr. Shute, one of the surgeons of the Bristol Infirmary. Soon afterwards he went to London, and entered the Borough hospitals, which were then united. Here he had the advantage of attending the lectures of such men as Sir Astley Cooper, the elder Cline, and Babington; and so conspicuous were his diligence and zeal that the former great surgeon took him by the hand, and on his passing the Hall in 1816 and the College in 1817, he introduced him to Dr. Swaine of Rochford as a most eligible partner. Here he settled in 1817, and carved out one of the largest practices in the county.

Possessed of a wonderfully retentive memory, and a well-grounded knowledge of almost every scientific and literary subject, added to a kindliness of disposition and winning manner, it was no wonder that he became a favourite with all classes. He always contrived to keep pace with the times, notwithstanding his laborious practice; and for the greater part of his life it was his wont to rise at daybreak, and quietly make himself master of any new book that had come out.

He was a sound and successful practitioner, and had often performed most of the capital operations of surgery. From his old friend Sir Astley he obtained many a "wrinkle;" for he often corresponded with him, and more than once came down to visit his *protégé*.

In 1852, finding his health failing, he retired from practice, taking with him a very tangible proof of the esteem of his friends. He afterwards took the M.D. of St. Andrews, and the M.R.C.P. of London; having also, in the year 1844, had the honorary F.R.C.S. given to him.

Before closing this short notice, a remarkable instance of the force of good example and bringing-up must be stated—namely, that four of his sons became prizemen and house-surgeons of St. Thomas's Hospital, while another was a high wrangler at Cambridge.

Of the late Dr. Grabham's private qualities it need only be added that he was a kind and affectionate husband, father, and friend.

MEDICAL APPOINTMENTS.

J. CUMING, M.D., has been appointed Professor of the Practice of Medicine in Queen's College, Belfast, vice J. C. Ferguson, M.B., F.K.Q.C.P.I., deceased.

H. EVISON, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Burton District of the Kendal Union, Westmorland, vice J. H. Walker, M.D., resigned.

R. E. GIBSON, M.R.C.S.E., has been elected Surgeon to the Jenny Lind Infirmary for Sick Children, Norwich. Mr. Gibson has also been elected Medical Officer for the Norwich Union Workhouse, vice C. Drake, M.R.C.S.E., resigned.

W. M. HOLMES, M.D., has been elected Medical Officer and Public Vaccinator for District No. 2 of the Plympton St. Mary Union, Devonshire, vice E. Hartley, M.R.C.S.E., resigned.

J. JOHNSTONE, M.D., has been elected Medical Officer and Public Vaccinator for the Scrooby District of the East Retford Union, Nottinghamshire, vice J. Russell, M.R.C.S.E., resigned.

Mr. A. JONES, from the Bristol Infirmary, has been appointed Dispenser to the Royal Berks Hospital, Reading, vice Hobbs, resigned.

W. J. LOMAX, M.R.C.S.E., has been appointed Surgeon and Apothecary to the Penitent Female Home, Lincoln, vice R. Cammack, M.R.C.S.E., deceased.

S. H. MACPHERSON, Surgeon, has been appointed Resident Medical Superintendent of the Borough Lunatic Asylum, St. Augustine's, Norwich.

L. M. RAWSON, L.K.Q.C.P.I., has been elected Medical Officer and Public Vaccinator for the Baltinglass Dispensary District of the Baltinglass Union, Co. Wicklow, vice R. H. Courtenay, M.B., deceased.

W. F. SEYMOUR, L.K.Q.C.P.I., has been elected Medical Officer for the Union Workhouse, Baltinglass, Co. Wicklow.

Mr. J. SYKES has been appointed Curator to the Leeds School of Medicine, vice C. J. Wright, M.R.C.S.E., resigned.

J. SYMONS, M.D., has been elected Medical Officer for the Homerton District of the Hackney Union, Middlesex, vice W. H. Wright, M.R.C.S.E., resigned.

W. S. WYMAN, M.R.C.S.E., has been appointed Medical Officer for the Hatfield District of the Dunmow Union, Essex, vice R. Davis, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

On the 16th of July, at Kurrachee, India, the wife of A. M. Meiklejohn, M.D., of a son.

On the 21st ult., at Bury, Lancashire, the wife of Frank Nuttall, Surgeon, of a daughter.

On the 6th inst., at Arbroath, the wife of Wm. Munro, M.D., of a son.

On the 7th inst., at Enniskillen, the wife of Dr. R. P. Walsh, of a son.

On the 10th inst., at Melville Hospital, Chatham, the wife of Dr. Nelson, Staff Surgeon, of a son and daughter.

On the 12th inst., at India-street, Edinburgh, the wife of Alex. Jackson, M.D., of a son.

On the 18th inst., the wife of E. Fenn, M.R.C.S.E., of Fletching, Sussex, of a son.

On the 18th inst., at Truro, the wife of J. Jago, M.D., of a daughter.

On the 23rd inst., at Welford-place, Leicester, the wife of C. H. Marriott, M.D., of a daughter.

On the 25th inst., at Aveley, Essex, the wife of Wm. Foot Vidal, Surgeon, of a daughter.

MARRIAGES.

On the 7th inst., at Chapelthorp, near Wakefield, Yorkshire, Joseph Balmforth, Surgeon, to Matilda, youngest daughter of John Jaggar, Esq., of Birch-laith, in the same county.—No Cards.

On the 14th inst., at St. Mary's, Moorfields, Edward Divers, M.D., Professor of Materia Medica, Queen's College, Birmingham, to Margaret Theresa, daughter of the late D. Fitzgerald, Esq.

On the 14th inst., at Bolton, James Dodd Swallow, M.D., of Kennington-park-road, to Eliza Jane, daughter of W. Haslam, Esq.

On the 21st inst., at the Parish Church, Stonegrave, William Bird, Surgeon, of the City of York, second son of Oliver Bird, Esq., of Southfield House, Stroud, to Agnes Rose, fourth daughter of the late Henry Dowker, Esq., of Laysthorpe, in the County of York.—No Cards.

On the 23rd inst., at Wakefield Parish Church, Charles Carter, Esq., to Dorothy Elizabeth, only child of Thos. Ross, Surgeon, all of Wakefield.

DEATHS.

On the 6th of Aug., of cholera, at Constantinople, J. B. Grant, L.K.Q.C.P.I., aged 31.

On the 30th of Aug., at Cheltenham, Dr. T. F. Reynolds, late of Carshalton, aged 66.

On the 3rd inst., J. Cowper, Surgeon, of Osmotherley, Yorkshire, aged 72.

On the 13th inst., at Bath-street, Glasgow, W. F. Lonergan, M.D.

On the 19th inst., G. Bulmer, L.S.A., of Park-square, Leeds, aged 64.

On the 19th inst., H. Wright, M.R.C.S.E., of March, Cambridgeshire, aged 50.

On the 19th inst., G. Kirkhouse, M.R.C.S.E., of Pontardawe, Swansea Vale, aged 36.

On the 21st inst., Thos. P. Parker, M.D., of Athenæum-street, Sunderland, aged 48.

On the 21st inst., at Hillhead, Dunkeld, H. Fisher, M.D., late of the 7th and 63rd Regiments, aged 75.

On the 21st inst., Alex. Brown, M.R.C.S.E., of Heathfield, Streatham, Surrey, aged 35.

On the 22nd inst., J. Millar, L.F.P. & S. Glas., of Orchard-hill House, Hamilton, Lanarkshire.

On the 24th inst., Wm. B. Shields, L.F.P. & S. Glas., of Irvine, Ayrshire, aged 32.

On the 25th inst., at Upper Lisson-street, N.W., Francis Fitzpatrick, Surgeon, formerly of Derryvehill, Co. Cavan, Ireland, aged 65. Friends will please accept this intimation.

BOOKS ETC. RECEIVED.

Dr. Bennet's Winter in the South of Europe.
Dr. Copland's Dictionary of Practical Medicine.
Dr. Smith on Enlarged Tonsils.
Dr. W. A. Hammond on Venereal Diseases. (Philadelphia.)
Mr. W. Story on Cholera.
Price on the Knee-joint.
Mr. Higginbottom on the Use of the Nitrate of Silver.
Dr. Anderson on Skin Diseases. No. III.
Dr. Warter on Case-Taking.
Dr. Brown on Requisitions of the Naval Medical Officers.
M. Piesse des Odeurs, des Parfums, et des Cosmétiques.
Dr. Hind's Clinical Memoranda. No. I.
Proceedings of the American Pharmaceutical Association.
San Remo as a Winter Residence.
Arnott's Elements of Physics. Part II.
Statistical Report on the Health of the Navy.
Art Journal.
The Invalid's Own Book.
The Dental Licentiates' Directory.
Annual Report of the Newcastle Convalescent Society.
Fortnightly Review.

Medical Diary of the Week.

Monday, Oct. 2.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Oct. 3.

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Oct. 4.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON.—7 P.M. Council.—8 P.M. Dr. Marion Sims, "On Inversion of Uterus."—Exhibition of Baudelocque's Original Cephalotribe. — Mr. Lawton, "On Vascular Tumour of Funis;" and other papers.
HUNTERIAN SOCIETY.—8 P.M. Mr. Solly, "On Scriveners' Palsy."

Thursday, Oct. 5.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Friday, Oct. 6.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, Oct. 7.

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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THE LANCET may be obtained from every respectable Bookseller or Newsman in the World.

To Correspondents.

A Leicester Student.—We cannot undertake the responsibility of recommending a school to our correspondent. The general arrangements at all the metropolitan schools allow a student who is zealous the means of acquiring a complete knowledge of his profession. We are unable to decide for "A Leicester Student" the relative merits of large and small schools. At large schools the arrangements are on a more considerable scale; but this is sometimes counterbalanced by the greater press of students, and the difficulty of giving attention to each individual. The large hospitals supply a greater variety of cases, a larger number of operations, and have finer museums. But as to smaller hospitals, there is a better opportunity for each man to hold the successive clinical offices and house-surgeoncy, and, the press around the bed being less, the student gets more of the supervision of the teacher. Thus the advantages are pretty equally balanced, and personal connexions or convenience of access are probably the most frequent determining causes.

X. Y. Z. will find the lists in pages 230 and 233 of the Medical Directory.

THE HAVERSTOCK-HILL PROVIDENT DISPENSARY.

To the Editor of THE LANCET.

SIR,—I think your remarks on the Haverstock-hill Provident Dispensary in the last number of THE LANCET would have been characterized by more fairness had they been preceded by the insertion of a former letter which I addressed to you, as I therein endeavoured to show that the rules of this Dispensary were formed in accordance with those of similar institutions as they exist in the metropolis and in various provincial towns. In support of this statement, I now beg to forward to you the rules of the Hampstead Provident Dispensary, of the Portland-town Provident Dispensary, and of similar institutions established for several years at Northampton, Warwick, &c. I think a perusal of these will show that the same principles are observed in all, and that if the position of the medical officers of the Haverstock-hill Dispensary is as "humiliating" as you describe it, their *humiliation* (?) is shared by the medical officers of all such dispensaries. You will also find that our dispensary is equally with those entitled to be styled "Provident," as, although funds are required from the more opulent classes (and in our case have been freely supplied) to defray the expenses of hiring rooms, &c., yet the principle of this and all similar institutions (which I believed till now to be universally approved by the profession) is to help those who are so "provident" as to help themselves.

You ask why the medical officers should be placed on a different footing from the lay members of the Committee, and should be compelled to go out of office annually, although they may be re-elected? If you had quoted this rule completely, you would find that the Treasurer and Honorary Secretary also go out of office annually, but may be re-elected; and in the second rule, you may see that the Committee of Management are chosen annually, to serve for the ensuing year.

You also object to the medical officers being "*compelled* to attend at the dispensary at such times and in such rotation as the Committee shall determine." Allow me to say that the word "compelled," which you treat as a quotation, is not used at all in reference to medical attendance. It is true that the Committee, of which the medical officers are members, arrange the time for the dispensary to be open, as I believe is the "humiliating" custom in hospitals and dispensaries generally.

You also cavil at the rule that "every member may choose one of the medical officers, and no change shall take place during illness without the consent of the Committee." It is the custom, and to me it appears a reasonable one, at all provident dispensaries for the members to choose their own medical attendant. In regard to the latter part of the rule, it is evidently framed to protect the medical officers, who have an appeal to the Committee, of which they are members.

You likewise appear to consider it "humiliating" for a medical officer to be called upon to visit patients at their own homes if the latter are too ill to attend at the institution. I really must decline replying to this objection, as its refutation is self-evident!

In conclusion, I must be allowed to say, on behalf of myself and colleagues, that if you still consider that our connexion with the Haverstock-hill Provident Dispensary has brought any "humiliation" upon us, we can only appeal from your editorial dictum to the opinion of our professional brethren in general, and to their verdict we will readily submit.

I am, Sir, yours obediently,
JAS. ORWIN, M.D.

Queen's-crescent, Haverstock-hill, Sept. 25th, 1865.

*** Dr. Orwin's letter admits the correctness of our statements, with an unimportant exception, and therefore requires but one or two remarks. We still adhere to the statement that no hospital or dispensary ("not provident") is governed by laws similar to that at Haverstock-hill. The "verdict" of our professional brethren may readily be anticipated.—ED. L.

A Young Chemist.—The balsam of copaiba can be solidified by means of lime and magnesia; but the investigations of M. Boussin go to show that this solidification necessitates the interaction of water for its production. The balsam should be shaken up with one-twentieth of its weight of water as well as with the alkali.

Income-Tax should appeal against the claim, which is an unjust one.

EFFLUVIA FROM DRAINS.

To the Editor of THE LANCET.

SIR,—I should like, through the medium of your columns, to direct attention to the disgusting effluvia which proceed from the open gratings in our streets at this time of year. So strong is the stench from one close by my house that we need not go outside my door to enjoy it.

I am, Sir, yours, &c.,
N. N.

September 18th, 1865.

Dubius must furnish further particulars. Which qualification does he propose to take? A young man can live well in London and qualify at the schools for £120 a year. Many a man has done it for less. "Dubius" must be *firm*, however, in resisting all temptations to that miserable and degrading folly called "fast life." Steady, hard, intellectual work, with honest, manly physical recreation, will bring its own rich harvest of realized hopes, and will launch him fairly in the world with prospects of success. These are not idle words, and we heartily hope that our correspondent will take the advice in the fullest seriousness, and always remember this to act upon it.

A. B.—The qualifications are regarded as equal by the Poor-law Board.

THE LATE INQUEST AT ISLINGTON.

To the Editor of THE LANCET.

SIR,—I think your account of the late inquest at Islington hardly gives a correct view of the circumstances. The patient died on *Wednesday* morning, and on Thursday the post-mortem order was left at my house. I was from home, and did not return till eleven o'clock at night. On the following morning (Friday) I sent to Mr. Keele, who was at the house about ten, and then, not thinking it safe for himself or the family in the house, declined to make the post-mortem examination, knowing that the Coroner had allowed a similar excuse some time ago in a case where three medical men declined to make a post-mortem examination under similar circumstances. The delay, therefore, was only from eleven at night till ten the next morning—I think no very unreasonable time. My personal complaint is that Dr. Lankester *urged* the jury to pass a "severe censure" upon me, without asking or giving me any opportunity for explanation. This, I think, you can hardly consider just.

I remain, Sir, your obedient servant,
Cross-street, Islington, Sept. 23rd, 1865. N. H. CLEFTON, F.R.C.S.

*** Our account of the circumstances was strictly correct. We are positively informed that the jury were not in any way influenced in their verdict by the Coroner.—ED. L.

A. B. C.—The only other diseases which have been treated with the Calabar bean (Physostigma venenosum) are chorea and paralysis agitans.

SUBSCRIPTIONS FOR MRS. THOMAS.

THE following additional sums have been received:—

Dr. Ewens, Milton Abbas	£0	5	0
W. Wilkinson, Esq., Worksop	0	5	0
A Young M.D.	0	5	0
R. Willis, Esq.	0	2	6
Mrs. Alex. Wilson, per Coutts and Co. ...	5	0	0
Dr. Taylor ... ... ditto ...	0	10	6
S. R. Potter, Esq. ... ditto ...	0	10	6
A Friend ... ... ditto ...	0	14	0

Horatio.—The following journals have a large circulation in France, and would be good media for advertising as our correspondent desires:—*Le Siècle, La Presse, Le Constitutionnel, Le Pays, L'Opinion Nationale.*

ALOPECIA.

To the Editor of THE LANCET.

SIR,—In THE LANCET of September 2nd, I find it stated that "A Constant Reader" wishes a suggestion for the treatment of this malady.

I would humbly propose that he give internally three-grain doses of the iodide of potassium three times a day for six or eight weeks, and in addition use the following lotion:—Tincture of cantharides, forty minims; spirit of rosemary, two drachms and a half; elder flower water (aq. floris sambuci), six and a half ounces; glycerine, half an ounce. MIX. Make a lotion; apply the same night and morning to the parts affected with a fine camel-hair brush. Should no improvement take place at the end of seven or eight weeks, stop the iodide of potassium, and give in its stead a dessert-spoonful of cod-liver oil three times daily, and continue its use perseveringly. I would also advise change of air, &c.

Hoping that the above may be of service to "A Constant Reader" is the earnest wish of,

Your obedient servant,
September 5th, 1865. B. A. R.

To the Editor of THE LANCET.

SIR,—I should certainly be inclined to look upon a case of baldness which has existed for ten years in rather an unfavourable light—i. e., as regards cure: for in all probability the hair-bulbs have altogether disappeared, and the follicles become more or less dried up. In recent cases I have frequently found the following lotions productive of good results:—Kreasote, acetic acid, and spirits of nitrous ether; tincture of lytta, castor oil, and spirits of nitrous ether. Decoction of quillai bark has of late been used with benefit in some cases; but I cannot speak with any amount of certainty as to its action. All I know is that it is rich in saponine. Hoping that this may afford some information,

I am, Sir, yours truly,
F. P. ATKINSON, M.B., &c.

St. Bartholomew's Hospital, Rochester, Sept. 6th, 1865.

Studens, (second year.)—There is not any necessity for such additional labour. Our correspondent should have been at least fairly up in the subject alluded to before he entered on his strictly professional duties.

Scrutator.—Next week.

A Poor Country Parson.—The case is painful, and one of much interest; but we do not insert in our columns communications from patients. The caution to young surgeons suggested by our correspondent is merely a repetition of that which every lecturer inculcates from the surgical chair.

SARRACENIA PURPUREA.

To the Editor of THE LANCET.

SIR,—If "W. M." will look in Paxton's Botany, vol. iii., page 231, he will there find a coloured drawing of Sarracenia purpurea.

Your obedient servant,
Congleton, Sept. 6th, 1865. ALBERT C. READE, M.R.C.S.

WATKINS'S IMPROVED VAPOUR-LAMP.

THIS lamp promises to be very useful. It appears not likely to be injurious to health, or in any way unpleasant in its effects. It burns no oil nor any kind of wick; it is self-lighting, and requires no trimming; the tube or burner having an inconsumable vapour-conductor or gas-generator inside, which only needs changing once a month, and requires no chimney.

Leo.—If a choice must be made, let it be either of French or German.

THE TITLE OF "DOCTOR."

To the Editor of THE LANCET.

SIR,—Although what may be called the "Medical Titles Bill" has been written upon in your columns almost *usque ad nauseam*, I must crave your indulgence to insert a few words in reply to the observations of "W. K."

If your correspondent will refer to THE LANCET, vol. i. 1865, pp. 37—110 and 168, he will find my authorities quoted, and the matter very fully discussed by both sides.

There is only one other part of his letter, where he entirely misquotes me, to which I need allude. In my letter I carefully mentioned that licentiates of a College of Physicians were *not* Doctors of Medicine of a University, and I *did not* lay claim, as stated by "W. K.," to assume the letters M.D. What I stated was that a Physician, *as such*, was entitled, not to the suffix M.D., but to the prefix Dr.; the contraction simply, *not* of Medicinæ Doctor, a University degree, but of the English word Doctor. Your correspondent should quote me correctly, or not at all.

I am, however, happy to feel certain that upon one point "W. K." (whom from the genuine vein of the "perfervidum ingenium Scotorum" running through his letter I conclude to be a Scotch graduate) and myself are in cordial agreement—that whether a man dub himself Physician, Doctor, Surgeon, or merely "W. K.," is of very small moment in comparison with his recognition of the responsibilities of his noble profession.

I am, Sir, your obedient servant,

September 25th, 1865. HERBERT TIBBITS.

*** Here this controversy must cease.—ED. L.

L. S. T. ought not to judge so hastily. It is not by the mere list of prizes that any conclusion can be arrived at. Nay, at one school, at least, prizes have been abrogated, and this is certainly a very good school. Ascertain the exactness of the lecturers and officers in attending to their duties, and the general efficiency of the staff.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—The following subscriptions have been further received on behalf of the above Fund, which will be closed on October 31st proximo:—

Dr. Cuolahan, Bermondsey	£0	10	6
Dr. W. Sanders, Gravesend	1	1	0
Amount previously announced	127	11	9
Received at THE LANCET Office	9	9	0

Yours obediently,

ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate-street Without, Sept. 28th, 1865.

Ne Sutor Ultra Crepidam.—The hospital surgeon acted quite correctly in refusing information upon the subject. The relation which exists between physician and patient is one of the strictest confidence.

THE LATE SIR JAMES M'GRIGOR, BART.

To the Editor of THE LANCET.

SIR,—In your impression of last week it is reported that a statue has been raised at Chelsea to the memory of the late Sir James M'Grigor, Bart. As he was Director-General of Army Hospitals for nearly forty years, there can be no doubt that he discharged the duty of his station with benefit to the public and with credit to himself, and that his memory is entitled to every respect from the public. But his friends must not do him the injury to claim for him distinction to which he has no claim.

In the same notice it is stated that Sir James founded a museum and two institutions for the widows and children of medical officers. Sir James did *not* found a museum for the benefit of the army. The museum which is now at the Royal Hospital, Netley, was founded at Fort Pitt, Chatham, about six months before Sir James came into office (see THE LANCET of April 17th, 1858, p. 401).

Therefore, in the interest of truth, permit me to solicit a place for this note in your journal. Your obedient servant,

D. MACLOUGHLIN, M.D.,
Member of the Legion of Honour.

Bruton-street, Berkeley-square, Sept. 25th, 1865.

Dubois.—M. Charrière, the Surgical Instrument Maker, resides in the Rue de l'Ecole de Médecine, Paris.

D. P. S., (a Subscriber, Liverpool.)—Such a proceeding is illegal, and might render the party so acting liable to prosecution.

TREATMENT OF CHRONIC HERPES CIRCINATUS.

To the Editor of THE LANCET.

SIR,—Will you do me the honour, through the medium of your valuable journal, to throw out a suggestion to "Inquirer" on the treatment of this troublesome disease.

I have found the following do well:—Carbonate of soda, half a drachm; hydrocyanic acid, twelve minims; water, eight ounces. Mix. Let the lotion be applied two or three times a day on linen cloths, and covered over with oil-silk. Who does not know of the ink application? I have also seen dilute citrine ointment prove very serviceable if the lotion failed. Constitutional treatment must be attended to, and the syrup of the iodide of iron, in half-drachm doses thrice a day, will be the most suitable; also a colocynth and hyoscyamus pill occasionally; and lastly, a nourishing diet.

I remain, Sir, your obedient servant,

September 5th, 1865. A. R. P.

L. F.—The course of study to be pursued for obtaining the licence in Dental Surgery of the College of Surgeons is so much more restricted than that necessary for the surgeon, and the examination, moreover, is so essentially technical, that it would be highly improper to allow any confusion of titles. We object to placing Dental licentiates on the Medical Register, because that Register is intended to be a guide to legally-qualified medical practitioners. For the same reason we object to the registration of sole licences in Midwifery without a degree in Medicine or Surgery.

PRESCRIBING AND DISPENSING.

To the Editor of THE LANCET.

SIR,—Two letters have recently appeared in your journal, written by medical men, complaining of the ignorance of chemists, and the mistakes made by them in the translation and preparing of Latin prescriptions.

The fault may sometimes be brought home to the chemist; but with regard to the prescriptions of the present day, it requires something more than a knowledge of Latin to decipher some of the illegible and incorrectly written specimens which daily fall to the lot of the dispenser.

One of your correspondents would have us believe that the doctors' directions are always correct, and should be strictly observed. I will mention a case brought under my notice the other day, which doubtless would have been attended with serious results had those instructions been carried out. This was not a person styling himself a pharmaceutical chemist; but the medicine was sent direct from the surgery of a medical practitioner, resident in a fashionable watering-place on the south coast. The patient resided in an adjoining county, and was supplied with a large bottle of lotion labelled the "drops," with full directions for taking, and a bottle of drops labelled "lotion." Fortunately the error was so palpable as to be discovered by the patient.

It is quite certain there are men in business as chemists whose education and knowledge of the trade are not sufficient to fit them for the position they hold, and it is plainly visible that some test of their ability to dispense medicines is required. But, I ask, do medical men lend a helping hand, or urge upon the Government the importance of a compulsory examination?

Yours, &c.,

September, 1865. A DISPENSER.

A Junior Student, (London.)—Mayne's Lexicon; Spier's or Costanseau's Dictionary.

Guardian.—Children, feeble persons, and those whose digestive organs are weak, are most liable to worms.

J. C. C. shall receive the information privately.

A Marcel.—More cases than one have been already recorded.

THE CORONERSHIP OF BURTON-ON-TRENT.

To the Editor of THE LANCET.

SIR,—Will you allow me to bring before your notice the singularity of the Coroner's Court for this town? I am not sure whether I have been informed correctly; but it appears the High Bailiff for the time being is, by virtue of that office, Coroner. So far one can readily understand and believe such an arrangement. But what I cannot get over is the statement that there are no fees—no funds from any source wherewith to pay the Coroner, witnesses, or anyone else whenever it is found necessary to hold an inquest! So that whenever medical or other witnesses attend to give evidence, they are not paid for it! Until I came to this town, I was always under the impression that the Medical Witnesses Act was imperative on this point; but here, at any rate, it is of no avail. Why is this? Can you or could Mr. Toulmin Smith throw any light upon this matter? Is there really such a case, as by some old charter or custom an otherwise efficient Act of Parliament should be made of no account in these important circumstances?

I am, Sir, yours, &c.,

Burton-on-Trent, Sept. 1865. J. G. SPROSTON, M.R.C.S.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from — Prof. Spence, Edinburgh; Prof. Gamgee; Mr. Holt; Dr. Falconer; Mr. Gore, Bath; Mr. Denny, Birmingham; Mr. Ross, Wakefield; Mr. Berryman, St. Austell; Dr. Mayne; Mr. Willis; Mr. Young (with enclosure); Mr. Lea; Mr. Banks; Dr. Clark (with enclosure); Mr. Masters, Thrapstone; Mr. Nuttall, Bury; Mr. J. Smith; Mr. Lyddon; Dr. Grant (with enclosure); Dr. Macloughlin; Dr. Fotherby; Dr. Metcalfe, Geneva; Dr. Tibbits; Mr. Eager, Guildford; Mr. Fisher; Mr. Macpherson, Norwich; Mr. Hopgood (with enclosure); Dr. Fearnside, Preston; Mr. Coats; Mr. Sproston; Dr. Fletcher, Bury; Le Prince T. Zagieli, Cairo; Dr. Roberts; Dr. Donkin, Newcastle; Mr. Higgs; Mr. Lodge; Mr. Carr; Messrs. Gilbey; Mr. Sheppard; Mr. Jones; Dr. Thornton, Dewsbury (with enclosure); Mr. Bell; Dr. Orwin; Mr. Hay; Mr. Langley; Mr. Austin; Mr. Montery; Mr. Adams; Mr. Hare, Newry; Mr. Nunn; Mr. Hutchinson; Dr. Williams; Dr. Gardner; Mr. Davis; Mr. Hogg, Sheerness; Dr. Brown; Mr. Hordley, Etruria; Dr. Doyle, Dromore; Mr. Matthews, York; Mr. Rendle; Mr. Piesse; Dr. Moore; Mr. Shipman; Dr. Edwards, Cardiff; Mr. Henson; Mr. Fenn, Fletching (with enclosure); Mr. Shirley; Mr. Haigh; Indian Medical Service; A Poor Country Parson; A Subscriber, India; A. B., Carnarvon; The Life Boat; Bunjeet; X. Y. Z.; R. E.; A Constant Subscriber; A Young M.D.; Scrutator, India; J. C. C.; Indus; R. B. (with enclosure); An Enquirer; J. B.; Alpha (with enclosure); Income-Tax; Physiologist; F. O.; S. B.; Ne Sutor Ultra Crepidam; R. F.; E. H.; K. T.; C. G.; An Assistant; H. G.; R. A. A.; Horatio; &c. &c.

THE *Jamaica County Union*, the *Brighton Herald*, the *Jamaica Guardian*, the *Leeds Mercury*, and the *Colonial Standard* have been received.